

OFFICE OF APPLIED STUDIES

**Year-End 1998
Emergency Department Data
from the
Drug Abuse Warning Network**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration**

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HIGHLIGHTS

The Drug Abuse Warning Network (DAWN) is a national probability survey of hospitals with emergency departments (EDs) conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey is designed to capture data on ED episodes that are induced by or related to the use of an illegal drug or the nonmedical use of a legal drug. **Therefore, DAWN data do not measure prevalence of drug use in the population.** Analyses in this report focus on comparisons between 1998 estimates and estimates for the previous 2 years, as well as long-term trends in drug mentions between 1991 and 1998. Data from 1995 onward reflect improvements that were made recently to the estimation system. **Findings reported here are statistically significant unless stated otherwise.**

The following trends were observed between 1998 and earlier years:

Drug Episodes vs. Drug Mentions

Drug-Related Episode: A drug episode is an ED visit that was induced by or related to the use of an illegal drug(s) or the nonmedical use of a legal drug for patients age 6 years and older.

Drug Mention: A drug mention refers to a substance that was mentioned during a drug-related ED episode. Because up to 4 drugs can be reported for each drug abuse episode, there are more mentions than episodes cited in this report.

TOTAL DRUG-RELATED EPISODES

- In 1998, there were an estimated 542,544 drug-related ED episodes and 982,856 ED drug mentions in the coterminous United States. Nationally, the number of ED episodes and mentions remained relatively stable between 1997 and 1998 (Table 2).
- Among the drugs mentioned most frequently in ED reports, alcohol-in-combination (185,002), cocaine (172,014), and heroin/morphine (77,645) were statistically unchanged from 1997 to 1998, while marijuana/hashish mentions increased 19 percent (from 64,744 to 76,870) (Table 2).
- From 1997 to 1998, total drug-related ED episodes were stable for gender and race/ethnicity subgroups (Table 18).
- For patients age 12 to 17, total drug-related episodes in 1998 (59,086, Table 18) were statistically unchanged from 1997 levels (61,437), but 8 percent lower than in 1996 (63,949). For the same age group, mentions of cocaine were stable from 1997 to 1998 (3,630 to 4,309, Table 22) and from 1996 (2,581) to 1998. Mentions of heroin/morphine and marijuana/hashish were stable from 1997 to 1998, but this followed significant increases from 1996 to 1998 – heroin/morphine (63%, from 559 to 909, Table 24) and marijuana/hashish (32%, 9,982 to 13,135, Table 26).
- Total ED episodes for patients age 35 and older increased 9 percent (from 218,630 to 239,172) between 1997 and 1998 (Table 18). Mentions of other drugs also increased for this age group: marijuana/hashish (22%, from 17,043 to 20,796, Table 26); cocaine (12%, from 74,602 to 83,729, Table 22); and heroin/morphine (10%, from 39,914 to 43,714, Table 24).

- In drug-related ED episodes, *overdose* (245,164) was the most frequently cited reason for the drug-related ED visit and *suicide* (189,897) and *dependence* (189,094) were the most frequently cited motives for taking the substances (Table 18). These were unchanged from 1997 to 1998.
- Among the 21 metropolitan areas oversampled in DAWN, only Dallas had a significant change – an increase of 16 percent (from 6,195 to 7,198) – in total drug-related ED episodes from 1997 to 1998 (Table 4).

COCAINE

- Cocaine-related episodes constituted 32 percent (172,014) of all ED drug episodes in 1998; more than any other illicit substance measured by DAWN (Table 2).
- Cocaine mentions were relatively unchanged between 1997 (161,087 mentions) and 1998 (Table 22).
- ED episodes involving cocaine increased between 1997 and 1998 among adults age 35 and over (12%, from 74,602 to 83,729). No changes were evident for any other age, gender, or race/ethnicity subgroup (Table 22).
- Among the metropolitan areas oversampled in DAWN, cocaine mentions increased between 1997 and 1998 in Dallas (45%, from 1,778 to 2,586); Los Angeles (23%, from 4,707 to 5,783); Philadelphia (16%, from 11,202 to 13,049); Washington, DC (15%, from 3,223 to 3,718); and Phoenix (11%, from 1,334 to 1,486) (Table 8).

HEROIN/MORPHINE

- Heroin/morphine-related episodes were relatively stable between 1997 (72,010 mentions) and 1998 (77,645) (Table 2).
- From 1997 to 1998, heroin/morphine mentions increased 10 percent (from 39,914 to 43,714) among patients age 35 and older. No changes in heroin/morphine mentions occurred for other age, gender, or race/ethnicity subgroups between 1997 and 1998 (Table 24).
- Among the metropolitan areas oversampled in DAWN, heroin/morphine mentions increased between 1997 and 1998 in Miami (29%, from 599 to 772); Washington, DC (25%, from 1,691 to 2,112); New Orleans (24%, from 431 to 534); Newark (16%, from 4,367 to 5,080); and Buffalo (16%, from 471 to 545). Heroin/morphine mentions decreased only in San Francisco (13%, from 2,751 to 2,386) (Table 10).

MARIJUANA/HASHISH

- Marijuana/hashish-related episodes increased 19 percent from 64,744 in 1997 to 76,870 in 1998 (Table 2).
- From 1997 to 1998, statistically significant increases in marijuana/hashish mentions were found for both genders, black patients, and all age subgroups, with the exception of youth age 12 to 17 whose increase from 11,056 to 13,135 mentions was not statistically significant. However, marijuana/hashish mentions among youth age 12 to 17 increased 31 percent from 9,982 in 1996 to 13,135 in 1998, and 517 percent from 1991 (2,130 mentions) to 1998 (Table 26).

- Among the 21 metropolitan areas represented in DAWN, marijuana/hashish mentions increased from 1997 to 1998 in Dallas (65%, from 916 to 1,513); Philadelphia (17%, from 4,556 to 5,310); and San Diego (16%, from 970 to 1,127). Marijuana/hashish mentions decreased only in New Orleans (11%, from 1,345 to 1,196) (Table 12).

METHAMPHETAMINE/SPEED

- Overall, methamphetamine/speed mentions decreased 33 percent from 17,154 mentions in 1997 to 11,491 in 1998, to return to 1996 levels (11,002) (Table 2).
- Looking across the 21 DAWN metropolitan areas, the vast majority (over 80%) of estimated ED mentions of methamphetamine/speed in 1998 came from six cities in the western United States: Los Angeles (786 mentions), San Diego (721), San Francisco (616), Phoenix (446), Seattle (266), and Dallas (186) (Table 14).
- From 1997 to 1998, mentions of methamphetamine/speed declined significantly in Denver (59%, from 292 to 120); Phoenix (45%, from 800 to 446); Seattle (44%, from 479 to 266); San Francisco (39%, from 1,012 to 616); Los Angeles (36%, from 1,229 to 786); San Diego (26%, from 976 to 721). Methamphetamine/speed mentions increased only in Dallas (17%, from 159 to 186) (Table 14).

PCP/PCP COMBINATIONS

- ED mentions of PCP/PCP combinations did not change significantly from 1997 (4,195) to 1998 (4,033) (Table 2).

LSD

- No significant changes occurred in LSD mentions from 1997 (5,219) to 1998 (4,982) (Table 2).

NON-MEDICAL USES OF LICIT DRUGS

Not all cases involving prescription or over-the-counter (OTC) drugs are reportable to DAWN. DAWN cases do **not** include accidental ingestion or inhalation of a substance with no intent of abuse, or adverse reactions to prescription or OTC medications taken as prescribed. Accidental overdoses of OTC or prescription drugs taken as directed are reportable when used in combination with an illicit drug. Alcohol is reportable only when used in combination with another drug.

- Mentions of alcohol-in-combination occurred in 34 percent (185,002) of ED drug episodes in 1998. Mentions of alcohol-in-combination were stable from 1997 to 1998 (Table 2).
- Between 1997 and 1998, significant decreases were noted for several prescription and OTC drugs, including acetaminophen with codeine (from 6,589 to 5,045); amitriptyline (from 8,445 to 6,710); diphenhydramine (from 8,804 to 6,110); and imipramine (from 1,383 to 717). Only carisoprodol increased significantly from 6,133 mentions in 1997 to 8,454 in 1998 (Table 2).

INTRODUCTION

This report presents information on drug-related emergency department (ED) episodes collected through the Drug Abuse Warning Network (DAWN) through December of 1998. Since late 1992, DAWN data collection and reports publication have been the responsibility of the Office of Applied Studies (OAS) at the Substance Abuse and Mental Health Services Administration (SAMHSA). Earlier operation of DAWN and periodic reports from the data system were provided by the National Institute on Drug Abuse (NIDA) and, before that, by the Drug Enforcement Administration (DEA).

This report contains final estimates of drug-related ED episodes and specific drug mentions for full years from 1991 through 1998. Final estimates for each half-year period for 1993 through 1998 are provided for reference. Final 1998 estimates are presented in this report for the first time.

This Year-End Report is similar in format to the Mid-Year 1998 Preliminary ED Report published in August 1999. Although both include estimates for the first 6 months of 1998, estimates shown in this report may differ slightly from those presented in the Mid-Year Report due to late reporting hospitals and revisions to the data weights for the present report (see Appendix A, Section III). In 1998, a thorough review of the DAWN estimation system by Westat produced more accurate 1995 and 1996 estimates (see Appendix A, Section IV for more information).

This introduction includes a brief overview of DAWN data collection and highlights issues for the reader to consider in interpreting DAWN data. This is followed by sections with specific focuses on trends in drug abuse episodes overall; trends in cocaine mentions; trends in heroin/morphine mentions; trends in marijuana/hashish mentions; trends in mentions of other illicit drugs, including methamphetamine/ speed, PCP, and LSD. A separate section summarizes trends in prescription and over-the-counter (OTC) drug-related episodes reported to DAWN. This is followed by highlights in drug episode trends from the 21 metropolitan areas oversampled in DAWN.

The DAWN system also collects data on drug-related deaths from a nonrandom sample of medical examiners. Medical examiner data are published annually in separate reports; [i.e., *Drug Abuse Warning Network Annual Medical Examiner Data*].

OVERVIEW OF DAWN ED DATA

The DAWN system provides information on the health consequences of drug use in the United States as manifested by drug-related visits to hospital EDs. Hospitals eligible for DAWN are non-Federal, short-stay, general hospitals that have a 24-hour emergency department in the coterminous U.S. Since 1988, DAWN ED data have been collected from a representative sample of eligible hospitals located throughout the coterminous U.S., with oversampling in 21 metropolitan areas and a National Panel of hospitals sampled from locations outside these areas.

In 1998, the DAWN sample consisted of 595 eligible hospitals. Of these, 471 (79%) participated in the DAWN ED survey. The 1998 sample of hospitals submitted information on 172,258 drug abuse episodes with an average of 1.75 drug mentions per episode.

For this report, data have been weighted to produce estimates representing all ED drug episodes and drug mentions in the total coterminous U.S.¹ and in the 21 metropolitan areas (see Appendix A). For analysis, hospitals in the 21 metropolitan areas are sometimes classified by location -- inside or outside the central city portion of those areas. The National Panel represents hospitals outside of the 21 metropolitan areas. Data for the 21 metropolitan areas are pooled with data from the National Panel to produce the national estimates.

DATA COLLECTION METHODOLOGY

Within each facility that participates in DAWN, a designated DAWN reporter, who is usually a member of the ED or medical records staff, is responsible for reviewing medical charts to identify drug abuse episodes eligible for inclusion in DAWN. DAWN reporters rely on information from medical charts that originates with hospital staff who treated the patient. Ultimately, the accuracy and completeness of DAWN reports depend on the careful recording of information by the medical staff and on the accuracy and completeness of the information provided to the medical staff by the patient.

The DAWN reporter submits an episode report to the DAWN system for each drug abuse patient who visits a DAWN ED and meets certain criteria. To be included in DAWN, the patient presenting to the ED must be between age 6 and 97 and meet all 4 of the following criteria:

- The patient was treated in the hospital's ED;
- The patient's presenting problem(s) – i.e., the reason for the ED visit – was induced by or related to drug use, regardless of when the drug use occurred;
- The episode involved the use of an illegal drug or the use a legal drug or other chemical substance contrary to directions; and
- The patient's reason for using the substance(s) was dependence, suicide attempt or gesture, and/or psychic effects.

In addition to drug overdoses, reportable ED episodes may result from the chronic effects of habitual drug use or from unexpected reactions. Unexpected reactions reflect cases where the drug's effect was different than anticipated (e.g., caused hallucinations). DAWN cases do **not** include accidental ingestion or inhalation of a substance with no intent of abuse, or adverse reactions to prescription or over-the-counter medications taken as prescribed.

A single drug abuse episode may have multiple drug mentions. Up to 4 different substances can be recorded for each ED episode. Therefore, not every reported substance is, by itself, necessarily a cause of the medical emergency. On the other hand, substances that contributed to a drug abuse episode may occasionally go unreported or undetected. Even when only one substance is reported for an episode, an allowance should be made for reportable drugs not mentioned or for other contributory factors.

¹ The total conterminous U.S. consists of 48 contiguous states and the District of Columbia. Alaska and Hawaii are excluded.

Alcohol use is reported to DAWN **only** when consumed in combination with a reportable substance.

In addition, each report of a drug-related ED episode includes demographic information about the patient and information about the circumstances of the episode (e.g., the date and time of the ED visit, the reason the patient came to the ED). For each drug mentioned, the DAWN report includes the form in which the drug was acquired (e.g., liquid, pieces), its source (e.g., street buy, patient's own legal prescription), and its route of administration (e.g., oral, injection). Only one reason for the ED contact and one reason for taking substances is recorded, regardless of the number of substances involved.

CONSIDERATIONS WHEN INTERPRETING DAWN DATA

When reporting and interpreting findings from this report, the reader needs to recognize what DAWN data are and what they are not. DAWN data do not measure the frequency or prevalence of drug use in the population, but rather the health consequences of drug use that are reflected in visits to hospital EDs. Moreover, estimates of drug episodes and mentions may increase or decrease for reasons unrelated to the size or characteristics of the drug-using population. The reader should consider the following when interpreting DAWN data estimates.

- The number of ED episodes reported to DAWN is not equivalent to the number of individual patients, because one person may make repeated visits to an ED. DAWN data contain no personal identifiers, which would be required to estimate repeat visits.
- DAWN data may be affected by data collection procedures and thereby reflect changes in hospital services or operations. A hospital in one city may open a new detoxification unit that diverts drug-related episodes away from the ED. Conversely, in another city, people may go to the ED to seek care for detoxification because they are unable to gain admission to a drug treatment facility or because they need medical certification before entering treatment.
- Estimates of drug-related ED episodes or mentions may be affected by reporting patterns. For example, a change to computer-based recordkeeping systems in a hospital ED could increase or decrease the number of ED visits identified as drug related.
- Greater awareness and knowledge of drug-related problems may result in a greater propensity for ED staff to record drug use in the ED record. Alternatively, the sensitivity of drug-related problems may reduce patients' willingness to disclose drug use and providers' willingness to record it in the permanent medical record.
- Estimates of drug-related ED episodes or mentions are affected if the weights applied to the data change in an irregular way. We routinely investigate irregular weights and data, and review of the weights and data used in this report did not reveal any factors that are unduly responsible for the trends reported.
- Trends may be affected by additional factors concerning the sample composition. See Appendix B for more information regarding sampling.

- Graphs illustrating trends in drug mentions often use different scales for the vertical axis.

INTERPRETATION OF STATISTICAL SIGNIFICANCE

The estimated numbers of episodes and mentions reported in detailed tables in this report are accompanied by p -values of statistical tests for differences between time periods. In tables presenting estimates for half years, the first half of 1998 is compared to the second half of 1998, then the second halves of 1997 and 1998 are compared. In tables presenting estimates for full years, 1998 is compared to 1997 and also to 1996. However, the purpose of this report is to release final estimates for 1998, with a focus on the full year. Estimates for half years are presented in this report primarily for reference.

In describing statistically significant differences in this report, the traditional level of statistical significance (p less than 0.05) is used. The tables show both p -values and the direction of difference indicated by "+" and "-" signs for statistically significant comparisons. The statistical test used to determine the significance levels are t-tests (with infinite degrees of freedom). That is, the change score, or the difference between the 2 estimates, is divided by the standard error of the estimate. A value of zero is expected under the null hypothesis.

Although tests for statistical significance are important tools in interpreting data, significance does not always imply that the difference is large or important. Small changes that are statistically significant may occur frequently at the metropolitan area level in DAWN due to the selection of all eligible hospitals (which constitutes a census) in Baltimore, Buffalo, Denver, San Diego, and San Francisco [see the 1994 Annual ED Data, Series I, Number 14-A, DHHS Pub. No. (SMA) 96-3104, page 10], along with sampling many other metropolitan areas at a high frequency. The closer the sample is to a census, the higher is the likelihood that a change will be statistically significant, no matter how small it may be. While technically there is no sampling variability in the 5 areas noted, some variability is due to the hospitals' nonresponse, which is treated as sampling error in the variance calculations.

Nonsampling errors such as nonresponse and reporting errors may affect the outcome of significance tests. While p less than 0.05 significance level is used to determine statistical significance in the DAWN ED sample, large differences associated with slightly higher p -values (specifically those between 0.05 and 0.10) may be worth noting. On the other hand, statistically significant differences are not always meaningful, because the size of the difference may be small or because the significance may have occurred simply by chance. In a series of 20 independent tests, it is to be expected that one test will indicate a significant difference merely by chance even if there is no real difference in the populations compared. The text often discusses more than one comparison within a given table (e.g., comparing percentages for different subgroups). However, we have made no attempt to adjust the level of significance to account for these multiple comparisons. Therefore, the probability of falsely rejecting the null hypothesis at least once in a family of comparisons is higher than the significance level given for individual comparisons (in this report, 0.05).

CONSIDERATIONS WHEN READING DETAILED DATA TABLES

For many of the trends described in the text bullets of this report, the actual numbers cited are found in the cited source table. In other instances, typically when the trend is described as a percentage change, the statistic was derived from the cited source table.

In this report, estimates with relative standard errors (RSEs) of 50 percent or higher are regarded as too imprecise and are not published. With an RSE of 50 percent, the 95-percent confidence interval for an estimate ranges from 2 to 198 percent of the estimate's value. In the tables, the symbol "..." is substituted for estimates with an RSE of 50 percent or higher. The 3-dot symbol identifies cells in which the estimates do not meet the standard of precision required for publication.

In addition, estimates of less than 10 are not shown. Although many estimates in this range may have RSEs of less than 50 percent, the reliability of the RSE estimates themselves is suspect. The 3-dot symbol "..." is also printed in the table cells where these values would have appeared. Percentages and population-based rates corresponding to these numbers are shown or suppressed according to the same rules and using the same symbols.

As described in Appendix A, the DAWN ED data for 1995 and 1996 were reweighted, reprogrammed, and data presentations improved during 1998. This report often summarizes changes between 1996 and 1998, especially when a consistent trend prevailed over this 2-year period. In addition, the graphic presentations emphasize changes across the decade from 1990 through 1998.

ANNUAL TRENDS IN TOTAL DRUG EPISODES

This section presents annual estimates from the DAWN survey on the number of total drug-related ED episodes and mentions of particular drugs. The following discussion focuses on comparisons of estimates from 1997 and 1998. Tables also show statistical tests comparing 1998 estimates with those for 1996. Long-term trends in drug-related ED episodes overall and for those involving the most frequently mentioned illicit drugs are shown in Figures 1 and 2.

What is Statistically Significant?

DAWN reports consider a difference to be statistically significant if the associated p -value is less than 0.05. This indicates a 95 percent chance that the difference did not occur by chance alone.

TOTAL DRUG-RELATED EPISODES

- In 1998, there were 542,544 drug-related ED episodes in the coterminous U.S. with 982,856 drug mentions. The number of ED episodes and ED drug mentions remained stable between 1997 and 1998 (Table 2 and Figure 1).
- Cocaine continued to be the most frequently mentioned illicit drug (32% of episodes) in 1998. Cocaine was followed in frequency by heroin/morphine (14%), marijuana/hashish (14%), and methamphetamine/speed (2%) (Table 2). This rank ordering of illicit drug mentions has been constant since 1990 and is illustrated in Figure 2.
- Alcohol-in-combination was mentioned in 34 percent (185,002) of ED drug episodes in 1998 (Table 2). Note that alcohol is only reported to DAWN when present in combination with another reportable drug.

CHANGES FROM 1997 TO 1998

- A comparison of 1997 and 1998 revealed:
 - No significant changes for amphetamine, cocaine, heroin/morphine, LSD, or PCP/PCP combinations (Table 2);
 - A 19 percent increase in marijuana/hashish mentions (from 64,744 to 76,870) (Table 2); and
 - Methamphetamine/speed mentions dropped 33 percent, returning to 1996 levels (Table 2).

DEMOGRAPHIC CHARACTERISTICS OF PATIENTS

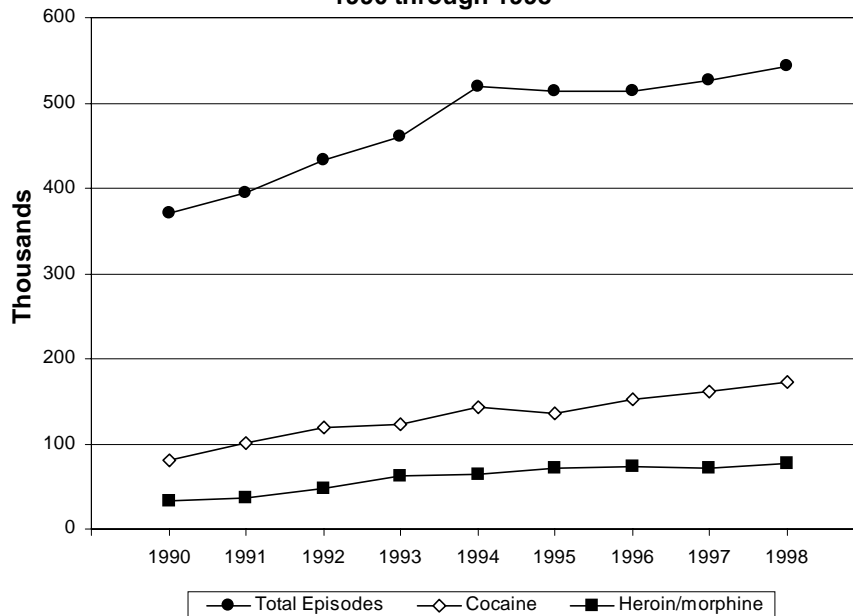
- Total drug-related ED episodes were stable across gender, race/ethnicity, and most age subgroups, based on comparisons of 1997 and 1998. However, total episodes increased 9 percent (from 218,630 to 239,172) among patients age 35 and older (Table 18).

- Total drug-related ED episodes for the 12 to 17 age group were stable between 1997 and 1998 (Table 18). Mentions of cocaine (Table 22), heroin/morphine (Table 24), and marijuana/hashish (Table 26) were also stable for this age group from 1997 to 1998. However, this followed significant increases in heroin/morphine (63%) and marijuana/hashish (32%) from 1996 to 1998.

EPISODE CHARACTERISTICS

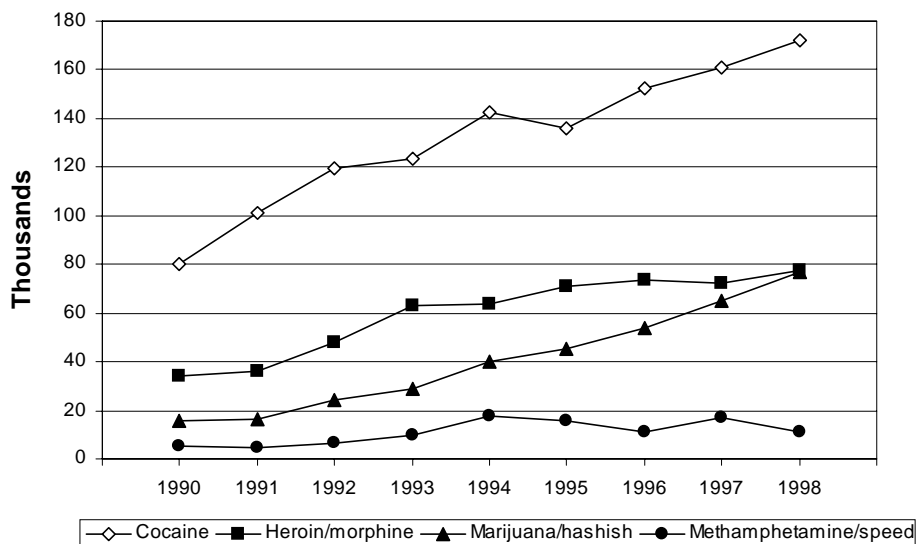
- Motives for taking substances
 - In drug-related ED episodes during 1998, *suicide* and *dependence* were the most frequently cited motives for taking substances (Table 18).
 - Between 1997 and 1998, the number of drug episodes citing these motives was unchanged (Table 18).
 - However, 20 percent of episodes had other or unknown motives reported during 1998 (Table 18).
- Reasons for ED contact
 - *Overdose* was the most frequently cited reason for the drug-related ED contacts (245,164 episodes) in 1998 (Table 18).
 - Between 1997 and 1998, reasons for ED contacts were unchanged, except episodes citing *withdrawal* as the reason for the visit increased 18 percent (from 15,176 to 17,979) (Table 18).
 - However, 16 percent of ED episodes had other or unknown reasons for the ED visit (Table 18).

Figure 1
Number of total drug-related episodes,
cocaine mentions, and heroin/morphine mentions:
1990 through 1998



NOTE: Reports prior to 1997 included figures presenting trends in drug-related episodes beginning in 1979 or earlier. Data are presented beginning with 1990 due to changes in the sampling and data weighting which produce these estimates.

Figure 2
Number of illicit drug-related episodes by selected drugs:
1990 through 1998



NOTE: Reports prior to 1997 included figures presenting trends in drug-related episodes beginning in 1979 or earlier. Data are presented beginning with 1990 due to changes in the sampling and data weighting which produce these estimates.

ANNUAL TRENDS IN COCAINE MENTIONS

This section presents annual estimates of the number of cocaine mentions in drug-related ED episodes. Cocaine is sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of one or more drugs. Long-term trends in cocaine mentions for subgroups of patients, based on age and race/ethnicity, are shown in Figures 3 and 4.

- In 1998, cocaine was mentioned in 32 percent of all drug-related ED episodes (Table 2). Cocaine mentions have increased 70 percent from 1991 (101,189 mentions) to 1998 (172,014 mentions) but were unchanged from 1997 to 1998 (Table 22 and Figure 2).
- In 1998, 49 percent of cocaine mentions occurred in ED episodes of patients age 35 and older (Table 22). Cocaine mentions for this age group increased 12 percent between 1997 and 1998 and 174 percent since 1991 (Table 22 and Figure 3). There were no statistically significant changes in cocaine mentions among the other age groups between 1997 and 1998.
- In 1998, 65 percent of cocaine mentions occurred among ED episodes of males. There were no significant changes in cocaine mentions for either gender between 1997 and 1998 (Table 22).
- In 1998, 49 percent of cocaine mentions occurred in ED episodes of black patients, 31 percent of white patients, and 12 percent of Hispanic patients (Table 22). Between 1997 and 1998, cocaine mentions were stable for all race/ethnicity subgroups (Table 22 and Figure 4).
- Within the 21 metropolitan areas oversampled in DAWN, cocaine mentions increased 18 percent outside the central cities from 1997 to 1998, returning to 1996 levels (Table 22). Cocaine mentions were relatively stable inside those central cities.
- Among cocaine-related episodes, *dependence* (61% of episodes) was the most commonly reported motive for drug use in 1998. *Recreational use* and *suicide attempt* accounted for 13 and 9 percent of reported motives, respectively. Sixteen percent of cocaine mentions had motives reported as unknown or "other" (Table 22).
- In 1998, the most frequently reported reasons for ED episodes in which cocaine was mentioned were *seeking detoxification* (29%) and *unexpected reaction* (20%). Another 19 percent had "other" or unknown reasons reported (Table 22).

Figure 3
Number of cocaine mentions by age:
1990 through 1998

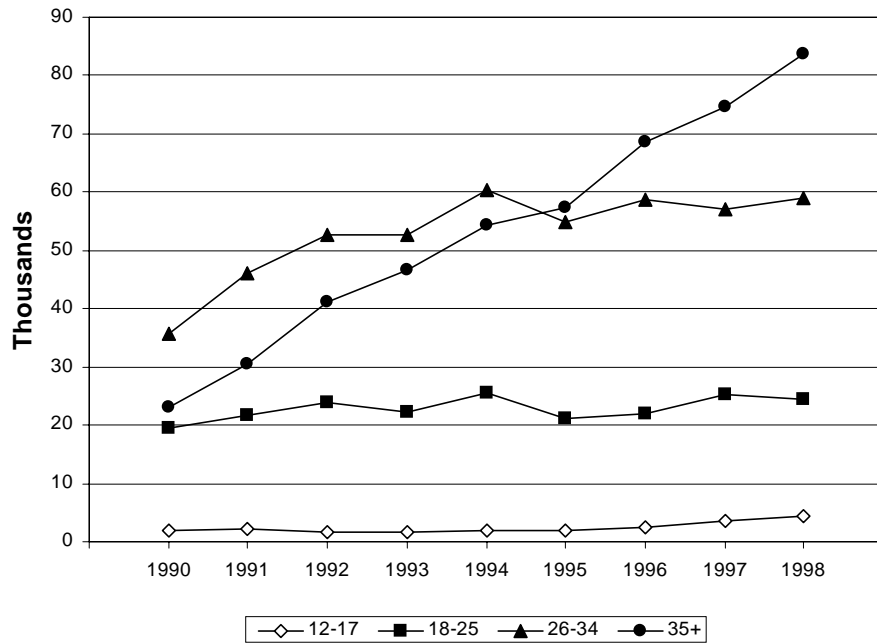
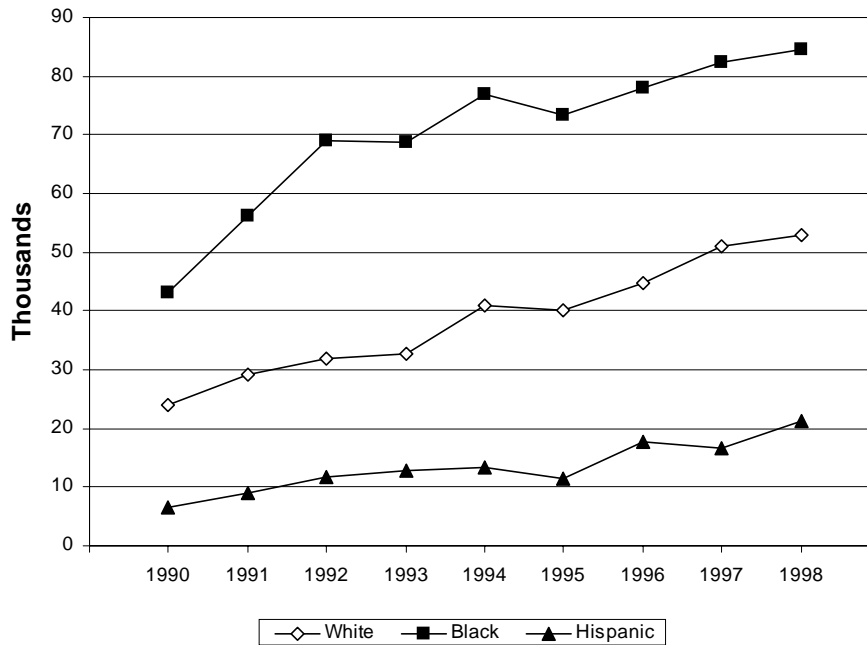


Figure 4
Number of cocaine mentions by race/ethnicity:
1990 through 1998



ANNUAL TRENDS IN HEROIN/MORPHINE MENTIONS

This section presents annual estimates of the number of heroin/morphine mentions in drug-related ED episodes. Heroin/morphine is sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of one or more drugs. Figures 5 and 6 illustrate long-term trends in heroin/morphine mentions among subgroups of patients, based on their age and race/ethnicity.

- In 1998, 14 percent (77,645) of all drug-related episodes had mentions of heroin/morphine (Table 2). From 1991 to 1996, the number of heroin/morphine mentions more than doubled (from 35,898 to 73,846), but heroin/morphine mentions remained relatively stable from 1996 through 1998.
- Heroin/morphine mentions among those age 12 to 17 were stable from 1997 to 1998 (Table 24). Patients age 12 to 17 accounted for only 1 percent of heroin/morphine mentions in 1998, but heroin/morphine mentions for this age group increased 399 percent from 1991 and 1998 and 63 percent from 1996 to 1998. (Table 24).
- Patients age 35 and older accounted for the majority (56% in 1998) of heroin/morphine mentions, which have risen 153 percent from 1991 to 1998 (Table 24 and Figure 5). Mentions among this age group increased 10 percent from 1997 to 1998, returning to 1996 levels.
- In 1998, 68 percent of heroin/morphine mentions occurred among males (Table 24). Since 1991, heroin/morphine mentions in drug-related ED episodes have increased 122 percent for males and 106 percent for females. However, heroin/morphine mentions were stable from 1997 to 1998 for both genders.
- In 1998, white and black patients constituted 38 and 36 percent of heroin/morphine mentions, respectively (Table 24). Hispanic patients were represented in 15 percent of heroin/morphine mentions. Between 1997 and 1998, heroin/morphine mentions were relatively stable for all race/ethnicity subgroups. However, these findings for race/ethnicity subgroups need to be interpreted cautiously, since race/ethnicity was reported as "other" or unknown in 11 percent of mentions.
- Within the 21 metropolitan areas oversampled in DAWN, the majority (57%) of heroin/morphine mentions in 1998 occurred inside the central cities (Table 24). Mentions of heroin/morphine outside these central cities increased 11 percent between 1997 and 1998, returning to 1996 levels.
- Among ED episodes involving heroin/morphine in 1998, *dependence* accounted for 80 percent of the reported motives (Table 24). Another 10 percent of patients had motive reported as unknown or "other." No statistically significant change occurred between 1997 and 1998 for drug use motive.
- In 1998, the most frequently reported reasons for ED visits with heroin/morphine mentions were *seeking detoxification* (28%), *chronic effects* (20%), and *overdose* (20%) (Table 24). *Withdrawal* increased 23 percent between 1997 and 1998, and *unexpected reaction* increased 19 percent from 1997 to 1998. Nine percent of heroin/morphine-related ED visits had "other" or unknown reasons reported.

Figure 5
Number of heroin/morphine mentions by age:
1990 through 1998

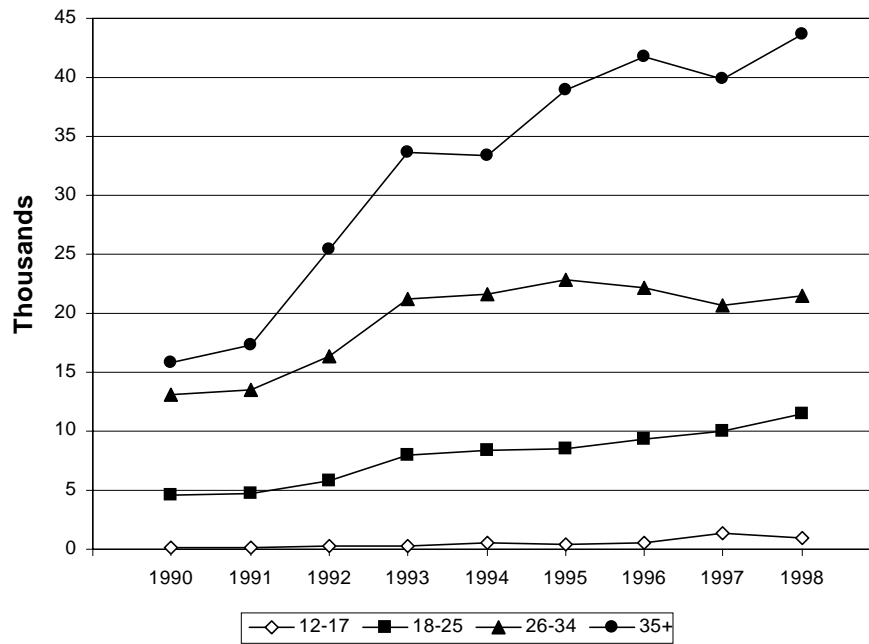
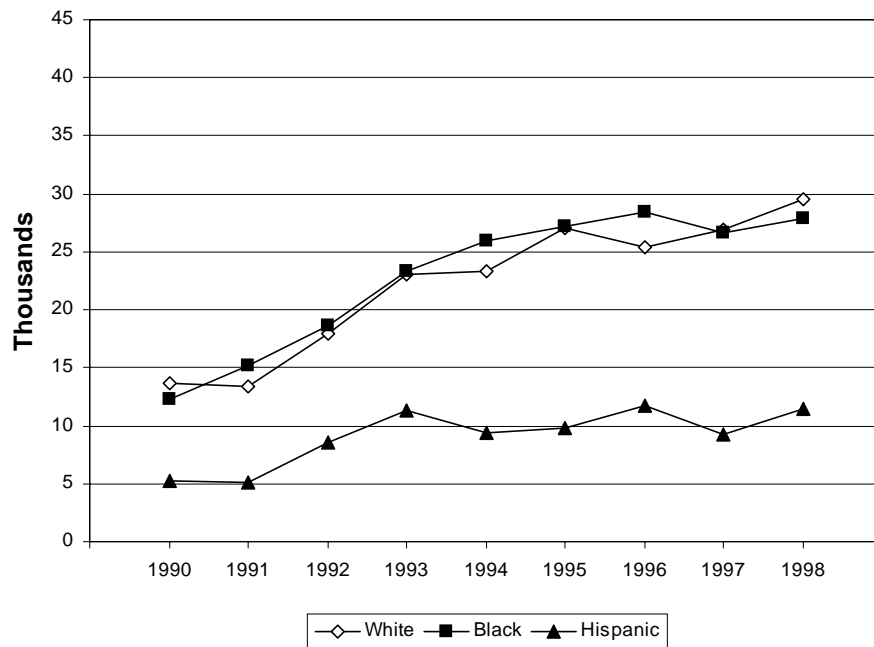


Figure 6
Number of heroin/morphine mentions by race/ethnicity:
1990 through 1998



ANNUAL TRENDS IN MARIJUANA/HASHISH MENTIONS

When reported as DAWN ED mentions, marijuana/hashish is likely to be mentioned in combination with other substances, particularly alcohol and cocaine. The following reports the number of marijuana/hashish mentions based on annual data from the DAWN survey. Figures 7 and 8 show the long-term trends in marijuana/hashish mentions by patient subgroups, based on age and race/ethnicity.

- Total marijuana/hashish mentions increased 19 percent (from 64,744 to 76,870) from 1997 to 1998, and 373 percent from 1991 (16,251 mentions) to 1998 (Table 26 and Figure 2).
- Marijuana/hashish mentions have increased steadily since 1991 for all age groups (Table 26 and Figure 7). Between 1997 and 1998, the number of marijuana/hashish mentions increased for all age groups except for those age 12 to 17. Statistically significant increases were found among patients age 18 to 25 (30%), 35 and older (22%), and 26 to 34 (26%).
- Marijuana/hashish mentions among ED patients age 12 to 17 were relatively stable from 1997 (11,056 mentions) to 1998 (13,135), following a 31 percent increase from 1996 (9,982) to 1998 (Table 26). Marijuana/ hashish mentions for patients age 12 to 17 have increased dramatically (517%) from 1991 (2,130) to 1998 (Table 26 and Figure 2).
- In 1998, 50 percent of ED marijuana/hashish mentions occurred among white ED patients, 32 percent among black ED patients, and 10 percent among Hispanic ED patients (Table 26). Between 1991 and 1998, the number of marijuana/hashish mentions increased 4-fold or more for all 3 of these race/ethnicity subgroups. From 1997 to 1998, marijuana/hashish mentions increased (16%) only for black patients. Race/ethnicity was reported as "other" or was unknown in 8 percent of mentions (Table 26).
- Statistically significant increases in marijuana/hashish-related episodes between 1997 and 1998 occurred for females (20%) and males (18%) (Table 26).
- From 1997 to 1998, within the 21 metropolitan areas oversampled in DAWN, marijuana/hashish mentions increased outside the central cities (25%) and inside those central cities (10%) (Table 26).
- Marijuana/hashish mentions related to all motives and most reasons were stable from 1997 to 1998 (Table 26). Although episodes due to *overdose* increased 30 percent from 1997 to 1998, two important caveats must be kept in mind: first, the reason for ED contact and the drug use motive were frequently unknown or reported as "other" (32% and 28% of mentions, respectively). Second, drug use motive and reason for ED contact were coded for the episode, not a particular drug. Since marijuana/hashish is frequently present in combination with other drugs, the reason for the ED contact may be more relevant to the other drug(s) involved in the episode.

Figure 7
Number of marijuana/hashish mentions by age:
1990 through 1998

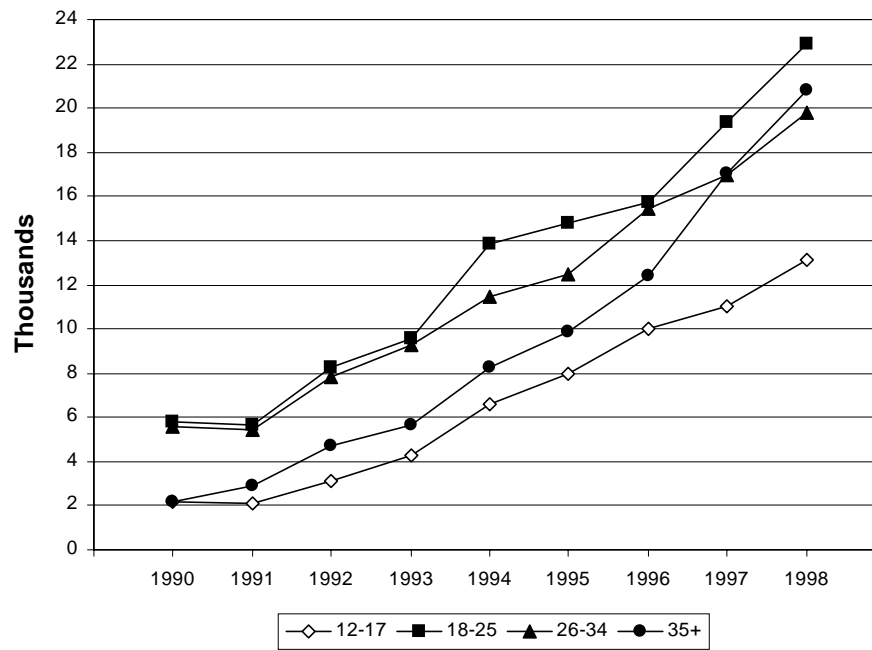
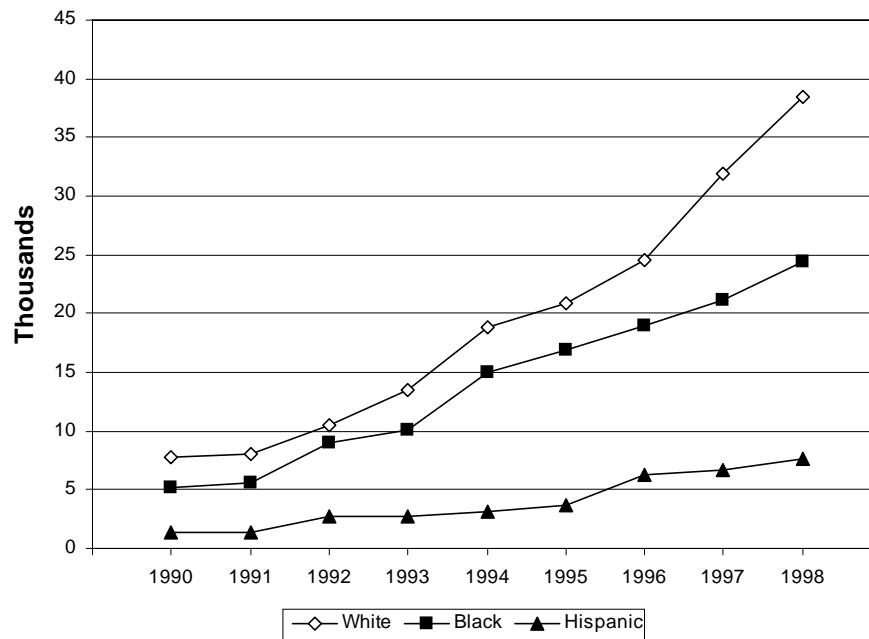


Figure 8
Number of marijuana/hashish mentions by
race/ethnicity: 1990 through 1998



ANNUAL TRENDS IN OTHER ILLICIT DRUG MENTIONS

This section presents estimates for selected other illicit drugs not previously addressed. These drugs are sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of one or more drugs.

METHAMPHETAMINE/SPEED

- Mentions of methamphetamine/speed decreased 33 percent (from 17,154 to 11,491) between 1997 and 1998 (Tables 14 and 28), returning to 1996 levels (11,002).
- More than two-thirds (68%) of methamphetamine/speed mentions in 1998 were attributed to the National Panel, which represents hospitals outside the 21 DAWN metropolitan areas (Table 14). Figure 9 shows that fluctuations in the trend observed since 1993 are due in large part to fluctuations in the methamphetamine/speed mentions estimated for the National Panel. It is important to note that the apparent changes in methamphetamine/speed mentions for the National Panel from 1997 to 1998 were not statistically significant. Similarly, apparent changes from 1996 to 1997, from 1995 to 1996, and from 1994 to 1995 were not statistically significant.
- Figure 10 compares methamphetamine/speed and amphetamine mentions. This figure highlights the spikes in the methamphetamine/speed mentions. Otherwise, the two drugs exhibit parallel trends.
- Methamphetamine/speed mentions continue to be concentrated in relatively few of the 21 metropolitan areas covered by DAWN (Table 14). From 1997 to 1998, significant decreases in methamphetamine/speed mentions were evident for Denver (59%), Phoenix (44%), Seattle (44%), San Francisco (39%), Los Angeles (36%), and San Diego (26%). Mentions of methamphetamine/speed increased during this time period in Dallas (17%). Methamphetamine/speed mentions in Miami also increased, but the absolute numbers are quite small (only 16 mentions in 1998). Mentions were stable from 1997 to 1998 for Atlanta (162 mentions) and Minneapolis (112 mentions).
- Within the 21 metropolitan areas, statistically significant decreases in methamphetamine/speed mentions between 1997 to 1998 occurred outside central cities (43%) and inside the central cities represented in DAWN (28%), leaving 1998 levels lower than those of 1996 (Table 28).

PCP

- ED mentions for PCP/PCP combinations remained relatively stable between 1997 and 1998 (Table 2), and the 1998 estimate (4,033) is only 16 percent above the estimate for 1991 (3,470).

LSD

- There were no statistically significant changes in LSD mentions from 1997 to 1998. LSD mentions have increased 30 percent from 3,846 in 1991 to 4,982 in 1998 (Table 2).

Figure 9
Number of methamphetamine/speed and amphetamine
mentions by location

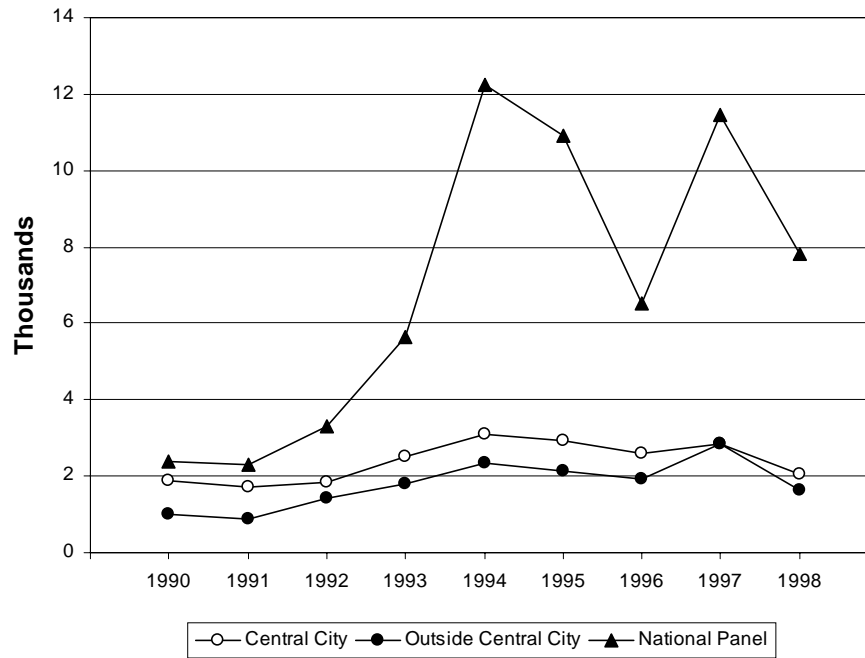
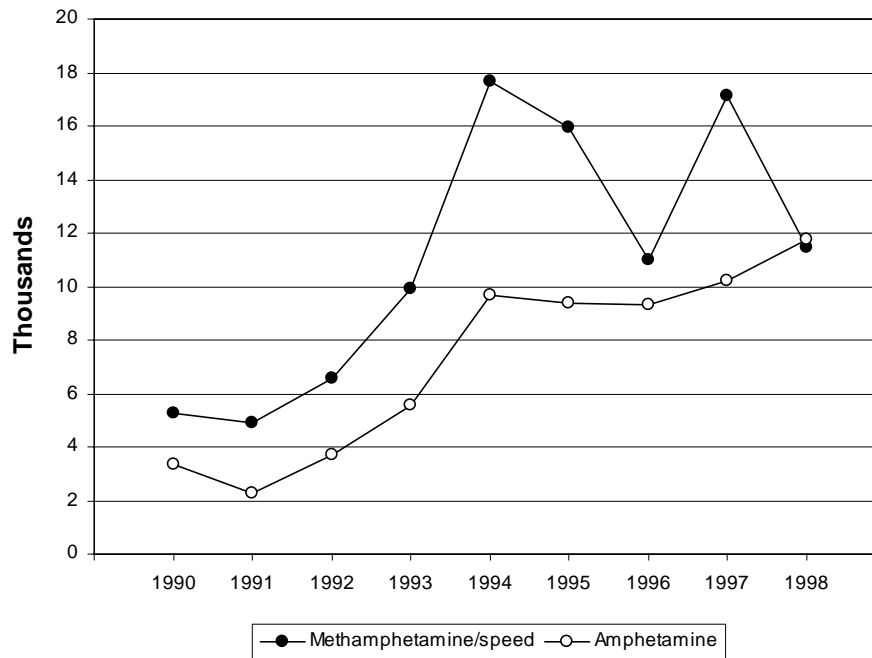


Figure 10
Number of methamphetamine/speed and amphetamine
mentions: 1990 through 1998



ANNUAL TRENDS IN PRESCRIPTION AND OVER-THE-COUNTER DRUG-RELATED EPISODES

DAWN also receives reports of ED episodes involving the nonmedical use of legal drugs. Accidental overdoses of over-the-counter (OTC) or prescription drugs taken as directed are not reportable unless they were used in combination with an illicit drug. Generally, most drug-related episodes involving OTC drugs report *suicide attempt or gesture* as the motive for use. In addition, alcohol is reportable only when used in combination with another drug.

- Mentions of alcohol-in-combination occurred in 34 percent (185,002) of ED drug episodes in 1998. Mentions of alcohol-in-combination were stable from 1997 to 1998 (Table 2).
- In 1998, the following non-narcotic analgesics were mentioned: acetaminophen (6% of episodes, 32,257), ibuprofen (3%, 17,146), aspirin (3%, 15,457), and naproxen (1%, 5,549) (Table 2). Mentions of these non-narcotic analgesics were stable between 1997 and 1998, although mentions of acetaminophen decreased from 1996 to 1998.
- Among the narcotic analgesics, hydrocodone was mentioned in 2 percent (12,568) of ED episodes, and oxycodone, d-propoxyphene, and acetaminophen with codeine were each mentioned in 1 percent of episodes in 1998 (Table 2). Mentions of acetaminophen with codeine decreased 23 percent from 1997 to 1998. Mentions of oxycodone were unchanged from 1997 to 1998, following an increase of 63 percent from 1996 to 1998. The other narcotic analgesics were unchanged.
- Among the antidepressants, fluoxetine and trazodone were each mentioned in 2 percent of ED episodes and showed no changes between 1997 and 1998 (Table 2). Mentions of imipramine (0.1% of episodes) and amitriptyline (1% of episodes) decreased 48 and 21 percent, respectively, from 1997 to 1998.
- Mentions of the benzodiazepines, alprazolam (3% of episodes), diazepam (2%), and lorazepam (2%), remained stable from 1997 to 1998 (Table 2). Mentions of clonazepam (3% of episodes) were stable from 1997 to 1998, but increased 30 percent from 1996 to 1998. Triazolam was mentioned in 0.1 percent of ED episodes in 1998 and was unchanged from 1997 to 1998. Mentions of triazolam have decreased 84 percent since 1991.
- Between 1997 and 1998, a 31 percent decrease was noted for diphenhydramine mentions, and a 38 percent increase was noted for carisoprodol mentions, which returned to 1996 levels. (Table 2).

Generic name	Brand name
acetaminophen	Tylenol
alprazolam	Xanax
amitriptyline	Elavil
carbamazepine	Tegretol
carisoprodol	Soma
clonazepam	Klonopin
cyclobenzaprine	Flexeril
diazepam	Valium
diphenhydramine	Benadryl
doxepin	Sinequan
d-propoxyphene	Darvocet N, Darvon
fluoxetine	Prozac
haloperidol	Haldol
imipramine	Tofranil
lithium carbonate	Eskalith
lorazepam	Ativan
naproxen	Naprosyn
oxycodone	Percocet 5, Percodan, Tylox
thioridazine	Mellaril
trazodone	Desyrel
triazolam	Halcion

ANNUAL TRENDS IN SELECTED METROPOLITAN AREAS

This section presents findings for the 21 selected metropolitan areas oversampled in DAWN. Readers should note that small changes in the estimates for Baltimore, Buffalo, Denver, San Diego, and San Francisco may produce statistically significant differences because all eligible hospitals are included in the sample for those cities. Tables 3 through 16 contain the metropolitan area estimates and estimates for the National Panel, which represents hospitals outside those areas.

- Among the 21 metropolitan areas oversampled in DAWN, only Dallas had a significant increase (16%) in drug-related ED episodes from 1997 to 1998 (Table 4). Episodes in the other 20 metropolitan areas were unchanged.

COCAINE

- From 1997 to 1998, cocaine mentions increased in 5 of the 21 metropolitan areas in DAWN: Dallas (45% from 1,778 to 2,586), Los Angeles (23%, from 4,707 to 5,783), Philadelphia (16%, from 11,202 to 13,049), Washington, DC (15%, from 3,223 to 3,718), and Phoenix (11%, from 1,334 to 1,486) (Table 8). Of these, the increases in Los Angeles and Washington, DC represented returns to 1996 levels.
- From 1997 to 1998, no decreases in cocaine mentions were observed in any of the 21 metropolitan areas covered in DAWN (Table 8). However, decreases between 1996 and 1998 were noted for Buffalo (44%), San Francisco (20%), Baltimore (19%), and New York (9%).

HEROIN/MORPHINE

- Five of the 21 metropolitan areas had increases in heroin/morphine mentions between 1997 and 1998. They were: Miami (29%), Washington, DC (25%), New Orleans (24%), Newark, (16%), and Buffalo (16%) (Table 10).
- Between 1997 and 1998, heroin/morphine mentions decreased only in San Francisco (13%) (Table 10). Decreases from 1996 to 1998 occurred in San Francisco (24%), Los Angeles (20%), and New York (17%).

OTHER ILLICIT DRUGS

- Marijuana/hashish mentions, which increased 19 percent nationally, also increased in Dallas (65%), Philadelphia (17%), and San Diego (16%) (Table 12). Among the 21 metropolitan areas in DAWN, only New Orleans showed a decrease (11%) in marijuana/hashish mentions from 1997 to 1998.
- From 1997 to 1998, mentions of methamphetamine/speed increased 17 percent only in Dallas (Table 13). Miami also had a significant increase, but the numbers of mentions were quite low (from 10 in 1997 to 16 in 1998). Six of the metropolitan areas oversampled in DAWN had significant decreases in methamphetamine/speed mentions. They were: Denver (59%), Phoenix and Seattle (44%), San Francisco (39%), Los Angeles (36%), and San Diego (26%).

ESTIMATED RATES OF EMERGENCY DEPARTMENT EPISODES AND MENTIONS

This chapter presents population-based rates for total drug-related ED episodes and mentions for selected drugs based on data presented in Tables 29 through 56. Data on drug mention rates supplement data on total numbers of drug episodes. By considering the number of drug mentions and episodes relative to the size of the general population, the rate data standardizes the drug mention and episode data and allows drug mention frequencies to be compared among selected drugs, metropolitan areas, gender and age groups.

As with all DAWN estimates, readers should remember that the same patient may be involved in multiple drug-related episodes within a given time period. Therefore, the estimates presented in this report pertain to total ED episodes, not to the number of different patients involved in these episodes. In this context, rates should be regarded not as prevalence rates but as indicators of the number of ED drug abuse episodes or mentions per 100,000 population. Population information is taken from the Census (see Appendix C).

In 1998, ED visits involving drug mentions occurred at the rate of 225 ED episodes per 100,000 total population in the coterminous U.S. (Table 30). Figures 12 through 14 show the trends from 1994 to 1998 for the DAWN metropolitan areas with the highest 1998 rates of total ED drug episodes, cocaine, and heroin/morphine, respectively.

In 1998, the 5 cities included in DAWN with the lowest rates of ED episodes per 100,000 population were Minneapolis (184), Los Angeles (202), St. Louis (240), Denver (259), and Buffalo (283). The 1998 rate for the National Panel was 170 per 100,000 population (Table 32).

During 1998, the highest rates of ED drug episodes and mentions per 100,000 population occurred for:

- Alcohol-in-combination (77), cocaine (72), heroin/morphine (32), and marijuana/hashish (32) (Table 30).
- All drug episodes in Baltimore (592), San Francisco (569), Philadelphia (526), Newark (497), and Chicago (445) (Table 32 and Figure 12).
- Cocaine in Baltimore (296), Philadelphia (275), New York (233), Chicago (232), and Atlanta (218) (Table 36).
- Heroin/morphine in Baltimore (290), Newark (282), Chicago (159), San Francisco (150), and Seattle (127) (Table 38).
- Marijuana/hashish in Philadelphia (112), Detroit (102), New Orleans (100), Atlanta (96), and Chicago (85) (Table 40).
- Methamphetamine/speed in the western U.S.: San Francisco (39), San Diego (30), Phoenix (22), and Seattle (14), followed by Los Angeles (9), Dallas (8), and Denver (8) (Table 42).

- Males for total drug abuse episodes (242, Table 46) and mentions of cocaine (97, Table 50), heroin/morphine (45, Table 52), marijuana/hashish (44, Table 54), and methamphetamine/speed (6, Table 56).
- Adults age 26 to 34 for total ED episodes (406, Table 46) and mentions of cocaine (173, Table 50) and heroin/morphine (63, Table 52).
- Young adults age 18 to 25 for marijuana/hashish (83, Table 54) and methamphetamine/speed (13, Table 56).

DISCUSSION OF RESULTS

This report presents final estimates from the DAWN ED component for 1998. The previous sections of this report discuss trends for particular drugs, metropolitan areas, and population-based rates of drug-related ED visits. The purpose of this section is to highlight issues that cut across the topics discussed previously and to discuss the possible implications of those findings.

OVERVIEW

DAWN estimates presented for the first time in this report suggest that total drug-related ED episodes were relatively stable from 1997 through 1998, continuing a pattern of stability that began in 1994 (Figure 1). ED mentions of cocaine and heroin/morphine were unchanged from 1997 to 1998 as well. The same period saw a 19 percent increase in ED mentions of marijuana/hashish.

These findings differ somewhat from those reported in preliminary estimates for the first half of 1998 (OAS, 1999b). In particular, mid-year comparisons of the first half of 1997 and the first half of 1998 showed a significant increase in cocaine mentions, a change that disappeared in the final full-year comparisons. As noted in the 1998 mid-year DAWN report, seasonal distortions and incomplete reporting can result in preliminary estimates that are not sustained when the completed year's data are available.

VARIATIONS IN METHAMPHETAMINE/SPEED MENTIONS

Even based on complete data for the full year, ED mentions of methamphetamine/speed have varied dramatically since 1993, with steep elevations in mentions in 1994, 1995, and 1997 and equally dramatic plunges in 1996 and 1998 (Figure 10). Between 1997 and 1998, methamphetamine/speed mentions dropped 33 percent, returning to 1996 levels. This followed a 56 percent increase from 1996 to 1997, to return to 1995 levels. Prior attempts to explain these variations in DAWN methamphetamine/speed trends have concentrated on the powerful economic forces of supply and demand, as well as changes in the purity of the drugs available.

Geography also plays a major part in the methamphetamine/speed story from DAWN. Methamphetamine/speed use is distributed unevenly across the Nation, according to data from the Treatment Episode Data Set (TEDS) (OAS, 1999d). TEDS is an unusually large and powerful data set that tallies admissions to publicly funded substance abuse treatment programs in all but a few of the 50 states. Because of its extensive geographic scope, TEDS has been documenting the uneven distribution of methamphetamine/speed across the Nation, the higher concentration in the west, and its spread eastward. Given this, it is informative to explore the variability in ED visits involving methamphetamine/speed across the more limited DAWN geographic base. Analysis of 1998 DAWN data revealed some interesting patterns.

- To a large extent, the fluctuating pattern of methamphetamine/speed mentions is driven by the estimates for the National Panel – that is, hospitals located outside the 21 metropolitan areas oversampled in DAWN. This is illustrated in Figure 9. Although more than two-thirds (68%) of the estimated ED mentions of methamphetamine/speed in 1998 were attributed to the National Panel, these estimates are volatile and relatively imprecise. Statistical tests that compare methamphetamine/speed mentions for the

National Panel alone for the four most recent 2-year periods – 1997 to 1998, 1996 to 1997, 1996 to 1995, and 1994 to 1995 – revealed no statistically significant differences, despite observed changes ranging from 11 to 76 percent. Three factors contribute to the volatility and lack of precision of these estimates. First, the National Panel consists of fewer than 100 hospitals whose job is to represent nearly 4,000 hospitals in DAWN estimates for the United States (OAS, 1999a). Such sparse representation in the sample means that many National Panel hospitals have large weights. Second, National Panel hospitals contribute relatively little actual (raw) data to these DAWN estimates. Among the National Panel hospitals, only 35 reported any methamphetamine/speed mentions in 1998, and of these, only 15 reported more than 2 mentions. Therefore, changes in only a few heavily weighted hospitals led to the large National Panel spikes observed in 1994, 1995, and 1997. Third, the design of the National Panel sample does not provide the geographic coverage necessary for more precise measurement of methamphetamine/speed-related ED visits.

- Within the 21 metropolitan areas oversampled in DAWN, hospitals outside the central cities contributed to the fluctuating trend in methamphetamine/speed-related ED visits. Approximately 14 percent of methamphetamine/speed ED mentions were attributed to facilities outside the central cities. Statistical tests comparing the four 2-year periods revealed no statistically significant differences from 1994 to 1995 or 1995 to 1996, with significant differences in excess of 40 percent from 1996 to 1997 and 1997 to 1998.
- Only the central city portions of the DAWN metropolitan areas posted significant changes in each of the four 2-year periods. Furthermore, in each of these periods, the magnitude of the change was relatively modest: a 5 percent decrease from 1994 to 1995, an 11 percent decrease from 1995 to 1996 (compared with 31% overall), an 11 percent increase from 1996 to 1997 (compared with 56% overall), and a 28 percent decrease from 1997 to 1998 (compared with 33% overall).
- Looking across the 21 DAWN metropolitan areas, the vast majority (over 80%) of estimated ED mentions of methamphetamine/speed come from only 6 of those areas, all in the western United States: Los Angeles (786 mentions), San Diego (721), San Francisco (616), Phoenix (446), Seattle (266), and Dallas (186). And when we focus our attention on the trends for this subset of DAWN (Figure 11), in some cases we observe trend lines that are shaped quite differently than those discussed earlier and displayed in Figure 10. From 1997 to 1998, mentions of methamphetamine/speed declined significantly in Denver (59%), Phoenix (44%), Seattle (44%), San Francisco (39%), Los Angeles (36%), and San Diego (26%). Methamphetamine/speed mentions increased only in Dallas (17%).

Generally speaking, methamphetamine/speed-related ED visits are relatively infrequent but have a systematic geographic profile. Therefore, looking within the individual DAWN area estimates for methamphetamine/speed reveals a very different picture than is visible at the aggregate level.

METROPOLITAN AREAS IN DAWN

Findings from DAWN show that the variation in total drug-related ED episodes was relatively minimal between 1997 and 1998 across the 21 metropolitan areas. Total episodes for the Nation were stable, and the only change in metropolitan areas participating in DAWN was a

16 percent increase in Dallas. However, large increases in mentions of particular drugs underlie this stability. Again, some of these findings differ from those reported as preliminary findings in the mid-year 1998 DAWN ED report.

With the exception of alcohol, cocaine remains the single drug with the most ED mentions. While cocaine mentions for the Nation remained stable from 1997 to 1998, cocaine mentions increased in Dallas (45%), Los Angeles (23%), Philadelphia (16%), Washington, DC (15%), and Phoenix (11%). Cocaine mentions did not decrease in any of the 21 metropolitan areas represented in DAWN. Heroin/morphine mentions, which were also stable for the Nation, increased in Miami (29%), Washington, DC (25%), New Orleans (24%), Buffalo (16%), and Newark (16%) and decreased only in San Francisco (13%).

In addition, we can survey findings for individual metropolitan areas across multiple drugs for the period covered by this report. Considering the 4 major illicit drugs of abuse – cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed – no metropolitan area had significant increases involving all 4 drugs, but Dallas had large increases in 3: marijuana/hashish (65%), cocaine (45%), and methamphetamine/speed (17%). Three of the 21 metropolitan areas had increases in 2 of the major illicit drugs: cocaine and heroin/morphine mentions increased in Washington, DC; cocaine and marijuana/hashish mentions increased in Philadelphia; and heroin/morphine and methamphetamine/speed mentions increased in Miami. Several metropolitan areas had increases in one of the major illicit drugs: cocaine in Los Angeles and Phoenix, heroin/morphine in Buffalo, New Orleans, and Newark, and marijuana/hashish in San Diego.

Metropolitan areas represented in DAWN posted few decreases in specific drugs from 1997 to 1998, except for those involving methamphetamine/speed as discussed above. DAWN estimates for San Francisco showed significant declines in heroin/morphine and methamphetamine/speed mentions, and marijuana/hashish mentions decreased significantly in New Orleans.

With the 21 metropolitan areas in DAWN ranging in population from 1 to 8 million, another picture can emerge when the rates of drug-related ED visits relative to the size of the population are considered. A few examples follow. Baltimore, San Francisco, and Philadelphia had the highest rates of total drug-related ED visits (each in excess of 500 episodes per 100,000 population). Baltimore, which exhibited no significant changes in overall drug mentions from 1997 to 1998, had the highest rates of ED episodes involving cocaine and heroin/morphine in 1998. Philadelphia ranked second in the rate of cocaine episodes, and Newark had the second highest rate of ED episodes involving heroin/morphine. San Francisco, with declining methamphetamine/speed and heroin/morphine mentions, had the highest rate of ED visits involving methamphetamine/speed and ranked fourth in heroin/morphine. San Diego and Phoenix followed San Francisco in the rate of methamphetamine/speed episodes. Rates of ED episodes involving marijuana/hashish in 1998 were highest in Philadelphia, Detroit, and New Orleans.

TRENDS AMONG TEENAGE AND OLDER PATIENTS

Prevention of drug abuse among youth is one of the strategic goals of The National Drug Control Strategy (ONDCP, 1998). While DAWN cannot directly measure the prevalence of drug abuse or the effectiveness of prevention programs, ED data from DAWN do provide a snapshot

of some particular consequences – drug-related ED visits – associated with drug abuse by this age group.

ED patients age 12 to 17, who accounted for 11 percent of total drug-related ED episodes in 1998, were involved in 17 percent of marijuana/hashish ED mentions estimated from DAWN. In the preliminary DAWN mid-year estimates, we reported an increase in marijuana/hashish mentions for patients in this age group, based on a comparison of the first half of 1998 with the first half of 1997. Now, comparing complete data for 1998 with 1997, we find no significant change in mentions of marijuana/hashish or in mentions of cocaine, heroin/morphine, or methamphetamine/speed for this age group. However, this leveling off follows a 32 percent increase in marijuana/hashish mentions and a 63 percent increase in heroin/morphine mentions from 1996 to 1998.

Figure 12 illustrates the sizable increases in ED mentions of illicit drugs between 1991 and 1998 for patients age 12 to 17. Although youth age 12 to 17 are found in lower than average numbers for methamphetamine/speed (9% of mentions), cocaine (3%), and heroin/morphine (1%), the long-term trends for these drugs have been upward. Between 1991 and 1998, mentions of marijuana/hashish rose 517 percent, heroin/morphine rose 399 percent, methamphetamine/speed rose 145 percent, and cocaine rose 102 percent. We will continue to monitor trends for this age group in subsequent DAWN reports.

The largest age group tracked by DAWN is adults age 35 and over, who constituted 44 percent of drug-related ED episodes in 1998. From 1997 to 1998, DAWN estimates show substantial increases for this age group in the total number of drug-related ED episodes (9%) as well as in ED mentions of marijuana/hashish (22%), cocaine (12%), and heroin/morphine (10%). In 1995, the 35 and over age group surpassed the 26 to 34 age group in ED mentions of cocaine for the first time, and the difference in cocaine mentions between the 2 age groups has widened in subsequent years (Figure 3). Similarly, in 1997, marijuana/hashish ED mentions among individuals age 35 and over exceeded that of patients age 26 to 34 for the first time (Figure 7). Figure 13 illustrates the long-term trends for these major drugs of abuse for adults age 35 and older.

CONCLUSION

It is important to remember that DAWN data show only one dimension of the total consequences of drug use. DAWN measures the impact of drug use that manifests in visits to hospital EDs. It does not measure the prevalence of drug use in the population, the untreated health consequences of drug use, or the impact of drug use on health care settings other than hospital EDs. For example, the National Household Survey on Drug Abuse (NHSDA) (OAS, 1999c) found that marijuana/hashish use among youth age 12 to 17 was unchanged from 1997 to 1998. Similarly, DAWN estimates for patients age 12 to 17 revealed that drug-related ED visits involving marijuana/hashish were stable from 1997 to 1998. However, these surveys measure 2 different aspects of the drug problem in the United States. The NHSDA measures prevalence of drug use based on a national survey of households; DAWN does not.

Many factors can influence the estimates of ED visits, including trends in ED usage in general. Comparing 1997 and 1998, the period covered by this report, total ED visits were relatively stable. Drug users may have visited EDs for a variety of reasons, some of which may have been life threatening. Others may have sought care at the ED for detoxification, because they needed medical certification before entering treatment. Some drug-related episodes may

reflect the same patients making repeated ED visits. The DAWN data may also reflect changes in hospital services or operations. For example, a hospital that opens a new detoxification unit may experience an increase in drug-related ED visits; a change in computer systems may result in systematic changes in drug-episode identification.

Changes in the number of drug-related emergencies may also be due to changes in the use of drug combinations; patterns of drug use, such as route of administration; amount of drug used per administration; drug purity; or drug price. For example, a decrease in the purity of cocaine or heroin/morphine could result in fewer users experiencing unexpected reactions and overdoses.

Estimates of drug-related ED episodes could increase or decrease over time for reasons unrelated to the size of the drug using population, such as factors that affect reporting patterns. For example, some possible factors are:

- Greater awareness of these problems by hospital staff who therefore report drug use more carefully on medical charts,
- Changing patterns of use of EDs by drug users,
- Different ED usage patterns by population subgroups, and
- Other data collection or sample composition changes (see Appendix B).

Appendix B includes a detailed account of known procedural anomalies. Analysis of procedural factors that might contribute to spurious results suggests that procedural factors are unlikely to account for the differences reported here.

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Figure 11
Number of methamphetamine/speed mentions by
selected metropolitan area: 1990 through 1998

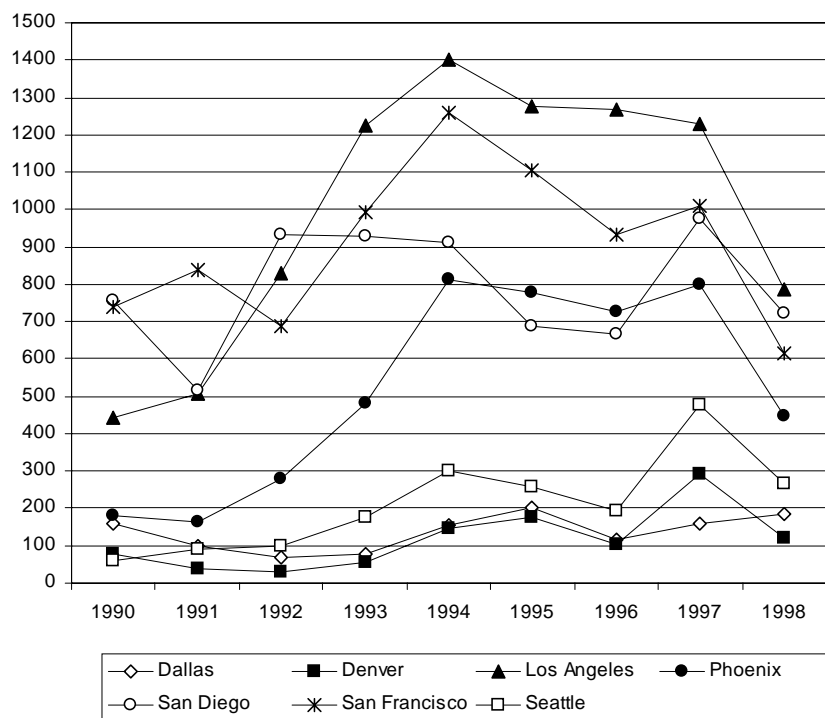


Figure 12
Number of illicit drug-related episodes age 12 to 17:
1990 through 1998

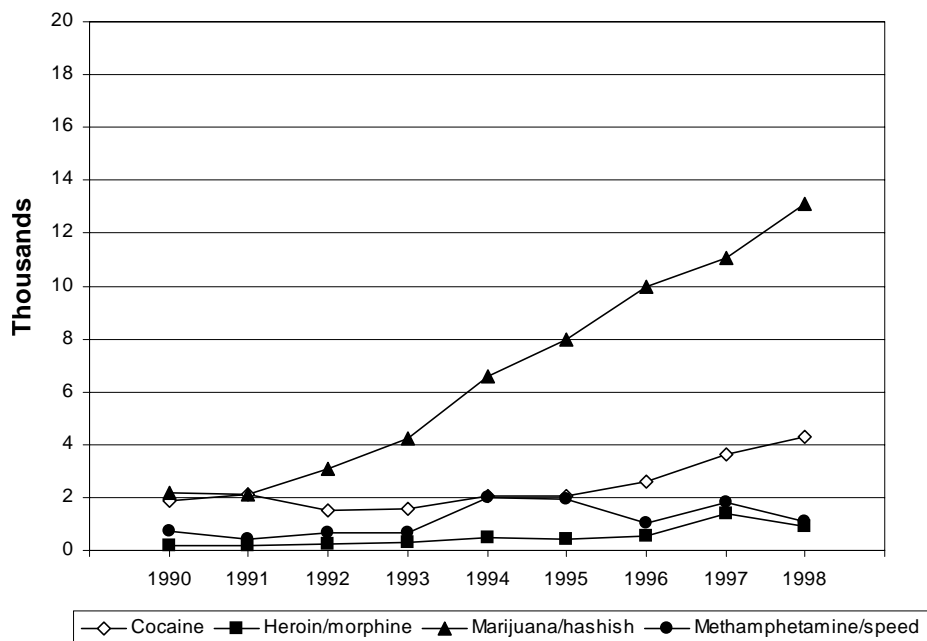
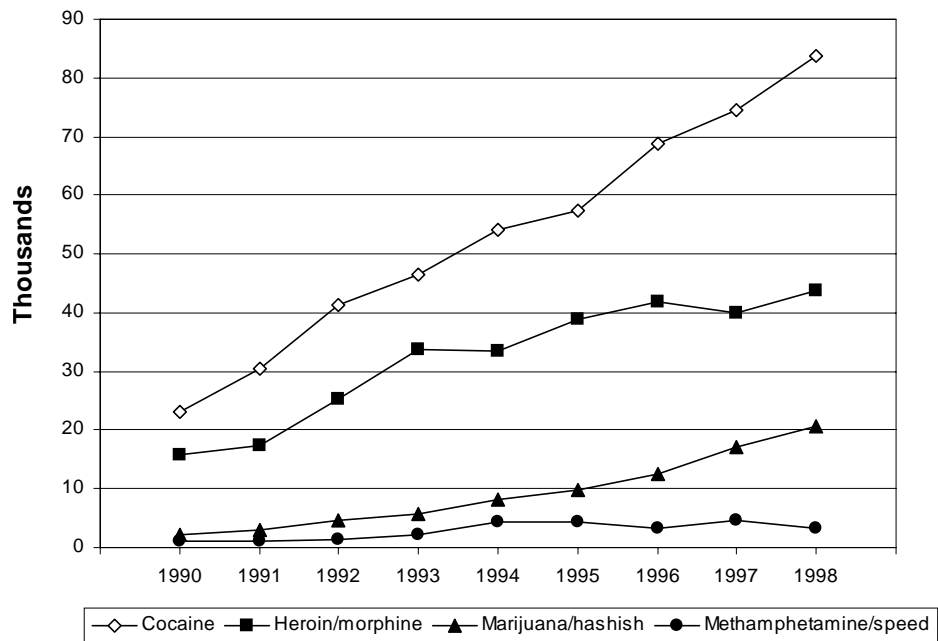


Figure 13
Number of illicit drug-related episodes age 35 and older:
1990 through 1998



APPENDIX A: DETAILED DESCRIPTION OF DAWN

I. SAMPLE DESIGN

The Drug Abuse Warning Network (DAWN) is a voluntary, national data collection system that gathers information on substance abuse that manifests in visits to hospital emergency departments (EDs) in the coterminous United States. Currently, DAWN provides semiannual and annual estimates of the number of drug-related visits to hospital EDs from a nationally representative sample of hospitals located throughout the coterminous United States. The DAWN system is managed by the Office of Applied Studies (OAS), a component of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.

Several changes have been made to the sample design since DAWN began in 1972 under the Drug Enforcement Administration (DEA). In the early 1970s, the DAWN sample consisted of a random sample of hospital EDs. Over time, however, a number of facilities were lost from the original sample because of closures, mergers, attrition, or voluntary termination. New hospitals were recruited to participate, but no sample maintenance plan was devised for selecting new hospitals to sustain the randomness of the sample. As a result, attrition and nonrandom replacement led to a sample that was no longer representative of all hospital EDs in the coterminous United States.

When the National Institute on Drug Abuse (NIDA) assumed responsibility for DAWN in 1980, one of the agency's goals was to implement a new sample that could be used to produce estimates for the Nation as a whole and for the separate DAWN metropolitan areas. Once a design was determined and the units were selected, the sample required the recruitment of 300 new hospitals. The cost of the project delayed its initiation until early 1986.

Hospitals eligible for DAWN are non-Federal, short-stay general surgical and medical hospitals in the coterminous U.S. that have a 24-hour ED. The American Hospital Association's (AHA) 1984 and 1985 Annual Surveys of Hospitals were used to obtain a sampling frame. (For a definition of sampling frame and other technical terms used in this report, see the Glossary of Terms in Appendix D.)

Hospitals in the sampling frame were stratified according to several characteristics. First, the sampling frame was divided into the 21 DAWN metropolitan areas and the remainder of the country (called the National Panel). Hospitals having 80,000 or more annual ED visits were assigned to a single stratum for selection with certainty. Then, the remaining hospitals in the 21 metropolitan areas were classified by location – inside or outside the central city – and by whether the hospital had an organized outpatient department and/or a chemical/alcohol inpatient unit – whether they had zero, one, or both types of units. Similarly, hospitals in the National Panel were classified by the presence/absence of such units.

The 21 metropolitan area boundaries correspond to the Office of Management and Budget (OMB) 1983 definitions of Metropolitan Statistical Areas (MSAs) and Primary Metropolitan Statistical Areas (PMSAs) with a few exceptions. In the case of the Boston metropolitan area,

the OMB definition was replaced by the definition for the New England County Metropolitan Area (NECMA). In several metropolitan areas, use of the PMSAs excluded some counties covered by DAWN prior to 1988, such as Nassau and Suffolk Counties in New York, certain counties in the Chicago area, and Niagara County in the Buffalo area. In other areas, such as Atlanta, counties not previously covered in DAWN were included. In addition to geographic coverage, the central cities in the new statistical areas differ from those in the old SMAs used previously in DAWN. For example, Hialeah joined Miami as a central city in the new Miami-Hialeah area, and Long Beach joined the Los Angeles-Long Beach area. In some instances in this report, only the first city name is cited, but it always refers to the complete metropolitan area.

Sample sizes for the metropolitan areas and the National Panel were determined for each stratum so as to achieve specified levels of precision in the estimates. In this context, precision refers to the amount of sampling fluctuation inherent in the estimate; the less the fluctuation, the greater the precision. Target precision levels were expressed as relative standard errors (RSEs), defined as the ratio of the standard error (SE) of an estimate to the value of the estimate, expressed as a percentage. Lower RSE values are associated with higher levels of precision and, other things being equal, increases in sample size serve to reduce the RSE and thus increase the level of precision of the estimates. Target RSEs were 6 percent for the national estimates; 6 percent for the New York, Chicago, and Los Angeles metropolitan areas; and 8 percent for all other metropolitan areas. In 5 of the metropolitan areas (Baltimore, Buffalo, Denver, San Diego, and San Francisco), such a large proportion of facilities in each area would have been required to reduce the RSE to 8 percent that the decision was made simply to select all eligible hospitals.

Once the sample size for each metropolitan area and the National Panel was determined, the number of sample units was allocated to the various strata based on the theory of optimal allocation. With this approach, strata with greater variability in drug-related episodes (from hospital to hospital) receive a proportionally larger number of sample units. Optimal allocation serves to reduce the RSE of the estimates for a given overall sample size or to enable a specified RSE to be achieved with a smaller sample.

A total of 685 hospitals was selected for the new sample. Many of the facilities selected, particularly the larger ones, were already participating in DAWN. As noted earlier, 300 new hospitals had to be recruited. Recruitment started in April 1986 and proceeded in phases. By 1988, recruitment of the selected facilities was sufficiently complete to produce estimates based on the new sample.

Some facilities already participating in DAWN were not selected for the new sample. These facilities were retained in the system for sufficient time to obtain overlapping data for calibrating the estimates and developing estimation procedures for prior years. The period of overlap differed by metropolitan area but generally included the last quarter of 1988 and the first half of 1989. Most terminations of nonselected facilities were made in the second half of 1989 or in 1990.

The total number of eligible sample facilities has not remained at the original 685 because some hospitals have closed or become ineligible since the sample was selected. To preserve the integrity of the sample and ensure that the DAWN estimates will continue to be representative, sample maintenance is performed annually. Maintaining the sample involves updating the sampling frame with the most recent available information on the population of eligible hospitals. One purpose for updating the sampling frame is to identify newly eligible

hospitals, or hospitals that are eligible and previously did not have a chance of selection, so that they can be sampled. A second purpose, which focuses on the estimation process, is to determine the population of eligible hospitals that the estimates must apply to, as well as the total number of ED visits among this population, which is used in the calculation of the analytical weights.

II. WEIGHTS AND PRECISION OF THE ESTIMATES

By 1988, hospital recruitment progressed to a point where national estimates and estimates for each of the 21 metropolitan areas could be made with reasonable precision. National estimates are obtained by adding the estimates from the 21 metropolitan areas and the estimate from the National Panel for each estimation category.

The development of estimates from the sample data involves the application of analytical weights calculated on the basis of data from the sampling frame and from DAWN reporting records. Weights are calculated for each quarter of data using a 4-component model that considers:

- The base sampling weight calculated as the reciprocal of the sampling probability;
- An adjustment for atypical reporting, applicable to certain hospitals that merge, split, or respond in an unusual way;
- An adjustment for nonresponse based either on complete nonparticipation or failure to provide data on all the reporting days in a given time period; and
- A correction (benchmark) factor, applied within metropolitan areas, that adjusts the total number of ED visits among participating sample hospitals to the total for the population of hospitals as determined from the sampling frame.

The estimation procedure was modified in 1989 to include the adjustments for 2 types of nonresponse and the ratio or benchmark adjustment based on ancillary data from AHA.

Each estimate from the DAWN ED sample data is subject to sampling variability. This is the variation of the estimate that would be observed if different samples were drawn from the same population using the same procedures. The sampling variability of an estimate is measured by its SE and RSE, which is the standard error divided by the estimate. The precision of an estimate is inversely related to the degree of sampling variability as measured by the RSE; the greater the RSE value, the lower the precision.

III. PRELIMINARY VERSUS FINAL ESTIMATES

Final estimates are produced annually when all hospitals participating in DAWN have submitted their data for that year and when ancillary data used in estimation have become available. In recent years, the final report has included separate final estimates for the first half and the second half of the year, although quarterly estimates have been produced in earlier years. In addition to the final estimates, preliminary estimates are also produced semiannually based on responding hospitals. Data are weighted to produce national and metropolitan area

estimates of ED drug-related mentions. The following factors clarify differences between preliminary and final estimates:

- Final estimates include data from a small number of late-reporting hospitals. Data are continuously updated for a fixed time period. As such, final estimates usually have higher response rates.
- Additional hospitals are added to the sample and incorporated into the final estimates for a given year (not the preliminary estimates for that same year). Most of these hospitals are "newly eligible" because they became DAWN eligible sometime after the original sample was selected. The final DAWN estimates are produced after we receive the most current AHA Annual Survey of Hospitals file. This file is used initially to establish a sampling frame for DAWN. The most current AHA file is used once a year to maintain representativeness of the sample. Between the releases of the preliminary and final estimates, the use of the newer AHA survey can result in hospitals being added to the sample and incorporated into the final estimates.
- Data from the most current AHA file also are used to produce the final weights.

IV. REVIEW OF ESTIMATION SYSTEM

In 1997 and 1998, a thorough review of the DAWN estimation system was undertaken by Westat. As a result of this review, the computer programs that compute the weighted estimates were rewritten to make them more accurate and efficient. While the methodology for computing weights did not change, errors were discovered in the prior programs that affected the estimates for 1995 and 1996. Final estimates for these 2 years were presented in the 1997 Mid-Year Preliminary Report for the first time. The 1995 estimate of total drug-related episodes decreased by less than 1 percent (from 517,800 to 513,600) while the 1996 estimate increased by 5.5 percent (from 487,600 to 514,300). These changes had varying effects on the metropolitan area estimates.

The following changes had the greatest effect on the estimates:

- A change was made in the method for assigning eligibility status to a hospital. The current system tracks partial year eligibility, which improves the sensitivity of the DAWN nonresponse adjustment. Formerly, there was no recognition that a hospital could change its eligibility status during the year.
- A concerted effort was made to ascertain the current eligibility status of all nonparticipating DAWN sampled hospitals. Changes in status from eligible nonrespondent to ineligible (or vice versa) also affected the nonresponse adjustment.

APPENDIX B: LIMITATIONS OF THE DAWN DATA

I. SOURCES OF ERROR

When producing estimates from any sample survey, 2 types of errors are possible—sampling and nonsampling errors. The sampling error of an estimate is the error caused by the selection of a sample instead of a census of hospitals. Sampling error is reduced by selecting a large sample or by using efficient sample design and estimation strategies such as stratification, optimal allocation, and ratio estimation. Nonsampling errors include nonresponse, difficulties in the interpretation of the collection form, coding errors, computer processing errors, errors in the sampling frame, and reporting errors.

Many procedures, such as data auditing and periodic retraining of data collectors, are used in DAWN data collection to minimize nonsampling errors. Moreover, nonrespondent hospitals are identified for additional recruitment. Late reporters are assigned for priority data collection and respondents with changes in reporting are designated for followup. Since data are abstracted from medical records completed by hospital staff who treated the patients, the accuracy of these reports depends on their careful recording of these conditions.

It is also important to recognize that DAWN does not provide a complete picture of problems associated with drug use, but rather focuses on the impact that these problems have on hospital EDs in the United States. If a patient is admitted to another part of the hospital for treatment, or treated in a physician's office or at a drug treatment center, the episode would not be included in DAWN.

II. CHANGES IN SAMPLE COMPOSITION AND REPORTING OF EPISODES

Periodic minor modifications are made to the sample to keep it current. Adjustments are made in the weights to account for sample revisions and for any lapses in reporting by the sampled hospitals. It is unlikely that modifications to the sample will affect estimates of the total drug, cocaine, and heroin/morphine mentions over time. Analyses of the previous changes in the sample composition have found them to have little impact on trends across several years.

It is important to consider the potential impact on DAWN trends from changes in the sample composition or reporting anomalies in key sample hospitals, particularly for metropolitan area data. Historically, DAWN analysts and field staff have attempted to identify and document such situations in the period before data release, and events that may have had a significant impact on the estimates were published in this section.

However, choosing the particular situations to highlight often involves more art than science, given that the actual impact on the estimates rarely has been known at the time of publication. This practice led us to question whether the situations that were being highlighted actually had the anticipated impact on DAWN estimates.

We analyzed some specific situations highlighted in recent DAWN reports to determine if those situations had the anticipated effect on DAWN estimates. These analyses have shown that generally, the types of situations published previously as limitations did not have the anticipated effects. Changes in small hospitals do not have a large impact on the estimates,

and the DAWN estimation system already corrects for many nonsampling errors. Extensive quality control measures have been implemented to investigate and address irregularities in the data prior to publication.

As a result of this analysis, we have concluded that listing inconsequential, nonsampling errors discredits the DAWN system unnecessarily and possibly contributes to misinterpretation of DAWN data. Therefore, we have decided to discontinue reporting data limitations unless the impact on the estimates is clear.

APPENDIX C: EXPLANATION OF TABLES

The tables included at the end of this report present estimates of total drug episodes, total drug mentions, and mentions of 35 specific drugs plus alcohol-in-combination. Also included are detailed tabulations for cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed mentions. Drug mentions are shown by metropolitan areas, age, gender, race/ethnicity, central city versus outside central city, motive for taking the substance, and reason for ED visit. Data shown in these tables are based on the representative sample of hospitals that was implemented in 1988 and updated periodically since then.

Odd numbered tables report semiannual data from the first half of 1993 through the second half of 1998. Even numbered tables report annual data from 1991 through 1998. This is the first publication that presents final annual estimates for 1998.

Tables 29 to 56 report semiannual and annual rate data adjusted for population. The rate tables present estimates of ED drug episodes and mentions per 100,000 population in metropolitan areas and in the Nation broken out by age and gender.

The U.S. Bureau of the Census defines *Metropolitan Area* (MA) as the city core and its immediately adjacent geographic areas that are highly integrated economically and socially with the city core. Population-based rates are obtained by taking the estimates of total episodes and mentions for each demographic category, and dividing by the number of persons in the population for that demographic category. These standardized data provide the means for comparing drug episodes and mentions by city over time. Semiannual numbers are based on the first half of the year and are not comparable to annual numbers, which are based on 12-month data. Semiannual and annual numbers for 1988 or earlier can be accessed via the Internet (see page ii) or by ordering earlier reports (see the publications list at the end of this report).

Population data are derived from the following U.S. Bureau of the Census files:

- Civilian Noninstitutional Population of the U.S. by Age, Race, and Sex (CNP Tables), which provides monthly population estimates by age, gender, race and Hispanic origin for the total U.S.;
- 1990 Census Counts by Age, Sex and Race (ASR File), which provides population estimates by state and county, broken out by combinations of age, gender, race, and Hispanic origin; and
- County-Level Population Estimates (CPOP File), which provides estimates of annual total population by county as of July 1 of each year.

Population data are obtained by:

- Adjusting the CPOP annual county population counts to the 1990 ASR demographic counts to produce annual county demographic counts;

- Adjusting the annual county demographic counts to the CNP to produce monthly county demographic counts; and
- Summing the monthly county demographic counts across all counties in the MA and across all months in the quarter (half-year or year), to produce semiannual or annual demographic counts for each DAWN area.

APPENDIX D:

GLOSSARY OF TERMS

Cause of death: See *Drug abuse death*.

Coterminous United States: The contiguous 48 continental States and Washington, DC.
Excludes Alaska and Hawaii.

Disposition of ED patient: Suggestions or recommendations made or actions taken by the hospital as they relate to the patient's presenting problem:

- *Treated and released or referred* - The patient is given appropriate ED treatment and is released or, after appropriate ED treatment, the hospital refers the patient to another agency or to a private physician for additional services.
- *Admitted to hospital* - The patient is admitted as an inpatient to hospital.
- *Left against medical advice* - The patient, prior to or after treatment, left without a physician's approval.
- *Died* - The patient died while in ED or while an inpatient.

Drug abuse: The nonmedical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture (see *Drug use motive*). For the purpose of this report, nonmedical use means:

- The use of prescription drugs in a manner inconsistent with accepted medical practice;
- The use of over-the-counter drugs contrary to approved labeling; or
- The use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide.

Drug abuse death: A drug-induced death is any death involving a drug "overdose" in which a toxic drug level is found or suspected. A drug-related death is any death where the drug usage is a contributory factor but not the sole cause, (i.e., accidents, disease state, withdrawal symptoms, etc.); in these cases, causation of death by the drug is not implied.

- "Drug-induced" deaths:
 - Direct single-drug cause (overdose); and
 - Direct multiple-drug cause (cause not attributable specifically to any one drug but to drug overdose).
- "Drug-related" deaths:
 - Combination with physiological condition;

- Combination with external physical event; or
- Combination with medical disorder, probably drug caused. (See definitions for each term.)
- Exclusions: DAWN medical examiner (ME) cases in which AIDS (acquired immunodeficiency syndrome) was reported and cases in which "drug unknown" was the only substance reported are excluded from the tables of ME data in Annual ME Data reports. As in previous years, the ME data in Annual ME Data reports exclude homicide cases reported to DAWN.

Drug abuse episode or case: A reported ME death or ED admission that involved drug abuse. Episodes involving children under 6 years of age are not reported to the DAWN system. The number of ED patients in DAWN is not synonymous with the number of patients involved. One patient may make repeated visits to an ED or to several EDs, thus producing a number of episodes. As no patient identifiers are collected, it is impossible to determine the number of patients involved in the reported ED episodes.

Drug abuser: An ED patient or an ME decedent who had taken a substance(s) without proper medical supervision for reason(s) of psychic effect, dependence, or suicide attempt/gesture. See also **Drug abuse**.

Drug category: A generic grouping of substances reported to DAWN. The DAWN drug groupings are periodically reviewed in order to reflect the most recent changes in pharmaceutical classifications and drug legislation. Occasional changes in drug classification should be taken into consideration when comparing drug data from this report with other DAWN reports. These classifications may involve street names and brand names, which are sometimes used to identify a substance and its generic drug group. Such names are carried in DAWN due to the inability of some drug users to reliably identify a substance other than by its street name. Therefore, references to substances such as "speed" appear in the tables. Additional clarification is provided for the following drug categories:

- *Alcohol-in-combination* - DAWN does not gather data on alcohol used alone, only alcohol used concomitantly with another abused substance. Therefore, all alcohol mentions are combination mentions.
- *Heroin/morphine* - Although heroin may be the ingested drug, it is metabolized to morphine. Therefore, heroin and morphine are treated as a single drug. In addition, in DAWN reports the heroin/morphine category includes mentions of opiates not specified as to type.
- *Marijuana/hashish* - As both marijuana and hashish are derived from the cannabis plant and have tetrahydrocannabinol (THC) as their psychoactive ingredient, they are treated as a single drug in this report.
- *Diazepam* - Mentions of desmethyldiazepam, a metabolic product of diazepam, are combined with those of diazepam in this report.
- *Methamphetamine/speed* - Data for methamphetamine and speed were shown separately in prior reports. To facilitate analyses, data on these 2 DAWN categories are now shown together under the aggregate category of "methamphetamine/speed."

- *Fluoxetine and imipramine* - In DAWN reports for 1988, mentions of Prozac, an antidepressant first marketed in December 1987, were misassigned to the imipramine category. Prozac has since been removed from the imipramine group, combined with generic fluoxetine, and tabulated under the category of "fluoxetine" for DAWN ED and ME reports.
- *Drug unknown* – ED mentions of "drug unknown" may be recorded either when the user did not know what had been taken or perhaps did not wish to reveal the use of an illicit substance, or when data were not available in the hospital records. ME cases in which "drug unknown" is the only substance reported are excluded from the tabulations in this report. ME mentions of "drug unknown" may result from cases in which the ME knows that a decedent was a drug abuser (e.g., using drugs intravenously) but has not tested for specific drugs. ME cases in which "drug unknown" is the only substance reported are excluded from the tabulations in this report.

Drug concomitance: This term refers to whether a drug abuse episode involved a single drug mention or multiple mentions.

Drug mention: This refers to a substance that was mentioned in a drug abuse episode. In addition to alcohol-in-combination, the number of substances that can be reported is up to 4 for each drug abuse ED episode and up to 6 for each ME death. Therefore, the total number of mentions exceeds the number of total episodes. For ME cases, it should be noted that a drug mention may or may not be the confirmed "cause" of the death in multiple-drug abuse cases. Even when only one substance is reported for a case, an allowance should still be made for reportable drugs not mentioned or for other contributory factors.

Drug use motive: DAWN classifies ED drug abuse episodes according to one or more of the following reasons for taking a substance(s):

- *Psychic effects* - A conscious action to use drugs to improve or enhance any physical, emotional, or social situation or condition. Two categories of psychic effect are:
 - Use of drugs for experimentation or to enhance a social situation (e.g., curious, peer pressure, to get high, fun, "for kicks," to party); and
 - Use of drugs to improve or enhance any mental, emotional, or physical state (e.g., depression, anxiety, relieve headache, reduce pain, stay awake, relax, help study, get to sleep).
- *Dependence* - A psychic and/or physical state characterized by behavior that always includes a compulsion to take the drug on a continuous or periodic basis in order to experience its effects or to avoid the discomfort of its absence (e.g., had to take, had to have, needed a fix).
- *Suicide attempt or gesture* - Successful or unsuccessful suicide attempt or gesture verified by a witness, a note left by patient, physician's medical record note, or other evidence.
- *Other reason* - Self-medication for physical ailment, to prevent pregnancy or induce abortion, accident, used unknowingly, etc.

External physical event: A category of drug abuse deaths caused by a physical event that occurred while the decedent was under the influence of drugs. Examples may include car accidents, falls, burns, or gunshot wounds.

Facility location: Data from the 21 metropolitan areas in the DAWN ED sample are tabulated separately for central cities and areas outside central cities.

Form in which drug was acquired/found: The form in which the substance was received by the user/abuser is coded, not the form in which the substance was consumed.

Hospital emergency department (ED): Only hospitals that met eligibility criteria for DAWN were recruited to participate. To be eligible, hospitals must be non-Federal, short-stay facilities with EDs that are open 24 hours a day, and located in the coterminous U.S. Specialty hospitals, hospital units of institutions, long-term care facilities, and pediatric hospitals are excluded.

Jurisdiction: The reporting area covered by a single ME's or coroner's office which is almost always a single county.

Manner of death: Drug abuse deaths reported to DAWN (ME episodes) are coded as either "accidental/unexpected," "suicide," or "homicide." Data on drug-related homicide deaths are not included in Annual ME Data reports. The manner-of-death codes are defined as follows:

- *Accidental/unexpected* – An unintentional death resulting from a drug abuse episode. The cause of death may be drug induced or drug related. The essential feature of this manner of death is that the user/abuser did not intend to die.
- *Suicide* – The deliberate taking of one's own life. The deceased may have used drugs to bring about his or her own immediate destruction, or the death may be drug related, involving external physical events (e.g., jumping, hanging, shooting, cutting the wrist) with the intention of ending one's life.
- *Natural* – A death not due to external causes but due to a medical disorder or a physiological disease process. In DAWN this category includes cases in which the decedent's drug abuse caused the medical disorder or physiological condition, such as AIDS. This also includes cases where a condition was worsened by the decedent's drug use (e.g., a heart condition or diabetes). Note that AIDS cases are excluded from the tables in Annual ME Data reports. Deaths from natural causes are not shown separately in ME reports but are included in the "unknown/unexpected" manner of death category.

Medical disorder: A category of drug abuse deaths caused by using a drug in combination with a medical disorder or disease that probably resulted from drug abuse. Examples include hepatitis, bacterial endocarditis, and tetanus.

Medical examiner (ME): All MEs and coroners in the DAWN ME metropolitan areas or counties are eligible for participation in DAWN.

Metropolitan area: An area composed of a relatively large core city or cities and the adjacent geographic areas. Conceptually, these areas are integrated economic and social units with a large population nucleus. Facilities recruited for the DAWN ED sample were selected from

the Metropolitan Statistical Areas (MSAs) and Primary Metropolitan Statistical Areas (PMSAs) as defined in 1983 by the Office of Management and Budget.

National Panel: This term is used to denote 2 concepts relative to DAWN ED data: (1) The universe of eligible hospitals outside the 21 DAWN metropolitan areas but within the coterminous U.S. or (2) The sample of hospitals in DAWN that were selected from this universe. The National Panel sample is weighted to produce estimates for the National Panel universe. See also **Metropolitan area**.

p-value: The probability value is the actual probability associated with an obtained statistical result; this is then compared with the significance level to determine whether that value is statistically significant. For the *p*-value to be significant, it must be less than or equal to the significance level. The traditional significance levels are *p* less than .001, .01, .05, and .10. The *p*-value less than .05 is used in DAWN reports.

Physiological condition: A category of drug abuse deaths caused by the abuse of a drug in combination with some preexisting and potentially deadly condition not related to drug abuse, such as diabetes or chronic heart conditions.

Population: See **Universe**.

Precision: The extent to which an estimate agrees with its mean value in repeated sampling. The precision of an estimate is measured inversely by its standard error (SE) or relative standard error (RSE). In ED reports, estimates with an RSE of 50 percent or higher are regarded as too imprecise and are not printed. ED table cells where such estimates would have appeared contain the symbol ". . ." (3 dots). See also **Relative standard error**.

Race/ethnicity: The race/ethnicity categories on the DAWN data collection form are:

- White, not of Hispanic origin - A patient having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black, not of Hispanic origin - A patient having origins in any of the black racial groups of Africa.
- Hispanic patient of Mexican, Puerto Rican, Cuban, or Central or South American, or other Spanish culture or origin, regardless of race.
- American Indian/Alaskan Native - A patient having origins in any of the peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islander - A patient having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- Other - A patient whose race cannot be classified into any of the categories above. This residual category was reinstated on the DAWN form in July 1991 after having been removed in an earlier revision.

Random sample: A sample in which each member of the sampling frame has a known, nonzero probability of selection.

Rank: A rank indicates the relative frequency of mentions for a particular drug category within the total DAWN system. For example, a drug category ranked second indicates that it accounted for the second highest number of mentions among all drug categories. When 2 or more drugs received equal numbers of mentions, they are assigned the same rank. It should be noted that a difference in rank should be considered only as indicative of a difference in frequency among drugs reported to DAWN, no matter how small, and not as necessarily denoting a meaningful or significant difference. For example, a difference of one between ranks of drug categories could mean a difference of one drug mention or a difference of many.

Reason for ED contact: Drug users reported to an ED and DAWN contact for the following reasons:

- *Unexpected reaction* - The drug's effect was different than anticipated, thus, causing concern (e.g., bad trip, panic, hallucinations, etc.).
- *Overdose* - Either intentional or accidental (e.g., effects of suicide attempt, coma, etc.).
- *Withdrawal* - Symptoms which occur when a patient stops taking a substance upon which she/he is physiologically dependent and suffers physical symptoms, including abdominal pain, cold sweat, hyperactivity, and tremors that require treatment.
- *Chronic effects* - Secondary conditions resulting from habitual usage or dependence, including malnutrition, tetanus, blood poisoning, etc.
- *Seeking detoxification* - Patients with identified problems with chronic substance abuse who seek admission to a detoxification program and receive treatment from emergency department staff. This category was added to the data collection form in 1987.
- *Accident/injury* - Injuries resulting from accidents that were caused by or related to drug abuse. This category was added to the data collection form in 1987.
- *Other* - Reasons which cannot be classified into one of the aforementioned categories.

Reason for taking substance: See *drug use motive*.

Relative standard error (RSE): A measure of the sampling variability or precision of an estimate defined as the estimate's SE expressed as a percentage of the estimate's value. (See also *Precision* and *Standard error*.)

Route of drug administration: The method by which the substance was taken into the user/abuser's body is coded according to the following categories:

- Oral – Substance is ingested through the mouth.
- Injection – Substance enters the body through a vein (intravenously), into the muscle (intramuscularly), or under the skin (subcutaneously).

- Inhaled - Gases or fumes of a substance are taken into the body by inhaling through the nose or mouth into the lungs (e.g., inhaling the fumes of glue, aerosols, paints, gasoline, etc.).
- Smoked (includes freebase) - Substance (e.g., marijuana/hashish, "crack" cocaine) is consumed by smoking a cigarette, pipe, or similar device.
- Sniffed/snorted - Substance (e.g., cocaine, heroin/morphine), which is acquired in a powder or crystalline form, is forcefully inhaled through the nose.
- Other - Used when the route of administration of the substance cannot logically be included as any of the above.

Sampling frame: A list of units from which the ED sample is drawn. All members of the sampling frame have a probability of being selected. A sampling frame is constructed such that there is no duplication and each unit is identifiable. Ideally, the sampling frame and the universe are the same. The sampling frame for the DAWN hospital ED sample is the American Hospital Association (AHA) annual survey.

Sampling unit: A member of a sample selected from a sampling frame. For the DAWN sample, the units are hospitals, and data are collected for all drug-related ED episodes at the responding hospitals selected for the sample.

Sampling weights: Numeric coefficients used to derive population estimates from a sample.

Single-drug episode, case, or death: A drug abuse episode, case, or death that involves only one drug.

Source of substance: The immediate source of the substance that the patient abused is coded as follows:

- *Legal prescription* - This is coded only when the abuser was legally prescribed the drug of abuse. If one patient obtains a drug by legal prescription and sells it to another who abuses it, the source to the abuser is marked "street buy." If the patient for whom the prescription was issued gives the drug to another patient who abuses it, the source to the abuse is "other unauthorized procurement."
- *Street buy* - The drug abuser purchased a drug and/or prescription from a source other than legitimate channels.
- *Other unauthorized procurement* - The drug was acquired in a manner not consistent with accepted medical care but was not bought on the street. This category includes drugs purchased using forged prescriptions, stolen, or received as a gift.
- *Other* - Used when the source of the substance cannot logically be included as any of the above. This category includes all over-the-counter medications.
- *Unknown* - Reported when information on source was unavailable.

Standard error (SE): A measure of the sampling variability or precision of an estimate. The SE of an estimate is expressed in the same units as the estimate itself. For example, an estimate of 10,000 cocaine mentions with an SE of 500 indicates that the SE is 500 mentions.

Strata (plural), stratum (singular): Subgroups of a population within which separate ED samples are drawn. Stratification is used to increase the precision of estimates for a given sample size, or, conversely, to reduce the sample size required to achieve the desired level of precision. In the DAWN ED sample, the sample is stratified into 21 metropolitan area cells plus an additional cell for the National Panel. Then, within these cells strata are defined according to the annual number of ED visits, whether the hospital is located inside or outside the central city of the metropolitan area, and by the presence or absence of an organized outpatient department, alcohol/chemical dependence inpatient unit, or both. The strata are as follows:

Stratum	Annual ED visits	Location within metropolitan area	Outpatient department or alcohol/chemical dependence inpatient unit
In the 21 DAWN metropolitan areas			
0	≥80,000	Not applicable	Not applicable
1	<80,000	Central city	Both
2	<80,000	Central city	One only
3	<80,000	Central city	Neither
4	<80,000	Outside Central city	Both
5	<80,000	Outside Central city	One only
6	<80,000	Outside Central city	Neither

Stratum	Annual ED visits	Location within metropolitan area	Outpatient department or alcohol/chemical dependence inpatient unit
In the National Panel			
0	≥80,000	Not applicable	Not applicable
7	<80,000	Not applicable	Both
8	<80,000	Not applicable	One only
9	<80,000	Not applicable	Neither

Note: Stratum "0" is defined for each of the 21 metropolitan area and the National Panel cells. See *Drug Abuse Warning Network Sample Design and Estimation Procedures: Technical Report*, November 1997.

Statistically significant: A difference between 2 estimates is said to be statistically significant if the value of the statistic used to test the difference is larger or smaller than would be expected by chance alone. For DAWN estimates, the difference is statistically significant if the *p*-value is less than 0.05 (see also *p-value*).

Therapeutic class: A general grouping of generic drugs such as tranquilizers, narcotic analgesics, barbiturate sedatives, etc. These groupings are based primarily on a pre-existing classification used in the National Drug and Therapeutic Index (IMS America, Ltd.). The

DAWN system has accumulated a vocabulary of more than 7,300 substance names that have been mentioned in incidents of abuse. This vocabulary is updated monthly by the inclusion of new abuse substances and, through receipt of identifying information, the reclassification of drugs. Occasionally, this reclassification may shift a drug to a different therapeutic class and/or drug grouping.

Universe: The entire set of units for which generalizations are drawn. The universe for the DAWN ED sample is all short-stay, non-Federal hospitals in the coterminous U.S. with EDs open 24 hours a day. (See also **Coterminous United States**).

Detailed Tables

Table 1 - Estimated number of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits for total coterminous U.S. by half year: First half 1993 - second half 1998

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
DRUG EPISODES.....	230,234	230,676	252,625	265,896	270,855	242,777	251,672	262,675	265,194	261,864	271,903	270,641	0.876	0.347
DRUG MENTIONS.....	394,905	401,857	438,398	461,919	471,933	429,273	442,932	464,630	473,220	470,716	492,116	490,741	0.934	0.312
Alcohol-in-combination.....	71,227	72,347	77,606	83,138	86,587	80,338	80,400	85,785	85,230	86,751	91,067	93,936	0.520	0.215
Cocaine.....	60,931	62,492	68,443	74,435	73,183	62,618	71,435	80,998	78,722	82,365	85,760	86,253	0.878	0.417
Heroin/morphine.....	30,763	32,469	30,036	33,977	35,500	35,339	35,198	38,648	35,352	36,658	38,553	39,092	0.776	0.115
Acetaminophen.....	18,981	15,052	21,450	17,225	18,850	17,713	20,214	18,051	18,428	17,020	17,384	14,873	0.010	0.034
Aspirin.....	10,124	8,834	9,968	9,390	8,601	8,128	8,569	7,285	7,555	7,068	7,487	7,969	0.522	0.281
Ibuprofen.....	9,071	8,464	9,778	9,253	10,590	10,660	8,593	8,386	8,474	8,595	8,769	8,376	0.592	0.739
Alprazolam.....	8,106	8,726	8,054	9,129	9,059	8,023	8,795	7,860	8,686	8,782	9,049	8,783	0.731	0.999
Marijuana/hashish.....	13,577	15,296	19,078	21,105	24,277	20,994	24,892	28,897	32,402	32,343	37,883	38,987	0.738	0.063
Diazepam.....	6,625	5,785	5,877	7,691	7,404	6,843	6,520	7,081	6,830	6,537	5,846	6,912	0.056	0.572
Amitriptyline.....	4,690	5,174	6,059	5,238	4,848	4,050	5,286	3,587	4,385	4,059	3,671	3,038	0.152	0.073
Acetamin./codeine.....	3,769	3,886	3,151	3,698	3,427	3,402	2,885	2,948	3,570	3,019	2,341	2,703	0.449	0.509
OTC sleep aids.....	2,655	2,725	3,241	3,649	3,340	3,454	4,269	3,358	3,417	2,667	3,062	2,688	0.316	0.950
Lorazepam.....	4,756	5,436	5,718	6,530	6,072	5,184	5,411	4,623	5,505	5,313	5,636	4,836	0.180	0.478
d-Propoxyphene.....	4,209	3,830	3,971	3,507	3,654	3,361	3,527	3,252	3,411	4,203	3,934	2,951	0.092	0.018
Fluoxetine.....	3,449	4,088	4,354	4,769	4,719	4,781	5,155	4,441	5,385	5,111	5,364	4,448	0.092	0.140
Diphenhydramine.....	3,795	3,647	4,444	5,092	4,919	3,766	4,459	4,947	4,765	4,039	3,365	2,745	0.261	0.016
Methamphetamine/speed....	4,224	5,702	7,824	9,841	9,678	6,257	4,197	6,805	8,218	8,936	6,534	4,957	0.091	0.000
Oxycodone.....	1,692	1,703	2,094	1,990	1,829	1,564	1,495	1,696	2,165	2,692	2,293	2,918	0.168	0.658
PCP/PCP combinations.....	3,327	3,288	2,962	3,057	3,233	3,004	1,976	1,948	2,210	1,985	2,143	1,890	0.432	0.744
Lithium carbonate.....	2,768	2,559	2,521	3,443	3,834	2,873	2,667	2,011	2,781	2,083	1,840	1,642	0.678	0.414
Clonazepam.....	4,893	5,282	5,954	6,204	6,381	6,421	6,834	6,541	7,364	7,233	8,863	8,587	0.754	0.099
Hydantoin.....	1,491	2,037	1,807	1,469	1,997	1,579	1,544	1,391	1,420	1,014	1,408	1,568	0.699	0.141
Hydrocodone.....	2,508	3,607	4,150	4,328	4,532	4,445	5,741	4,732	5,170	5,535	5,830	6,739	0.191	0.133
LSD.....	1,521	1,901	1,981	3,169	2,651	3,029	2,474	2,095	3,677	1,542	1,767	3,215	0.042	0.018
Triazolam.....	798	466	570	427	407	369	458	267	179	142	350	188	0.266	0.628
Phenobarbital.....	1,723	1,298	1,421	1,050	1,346	1,542	1,266	1,069	1,000	830	1,220	1,325	0.746	0.130
Doxepin.....	1,811	1,540	1,903	2,365	1,541	1,185	1,102	1,299	1,422	669	914	623	0.206	0.730
Cyclobenzaprine.....	1,544	1,103	1,432	1,699	1,320	1,603	1,608	1,991	1,551	2,075	1,538	1,429	0.804	0.144
Haloperidol.....	1,856	1,445	1,322	1,751	1,536	1,183	1,256	2,055	1,146	1,160	952	1,179	0.492	0.948
Amphetamine.....	2,271	3,267	4,266	5,398	5,633	3,747	3,508	5,801	4,461	5,774	5,321	6,430	0.360	0.675
Trazodone.....	2,973	2,710	3,275	4,018	4,814	4,641	4,789	4,421	4,188	4,545	5,158	4,517	0.316	0.965
Carisoprodol.....	2,598	3,972	3,484	3,088	4,392	3,379	3,770	3,509	2,960	3,174	4,412	4,042	0.512	0.169
Naproxen.....	1,907	1,218	2,126	2,176	2,361	2,892	2,309	2,237	2,710	2,620	2,842	2,706	0.806	0.847
Imipramine.....	1,731	1,564	1,457	1,307	1,572	910	735	1,102	826	557	506	211	0.091	0.062
Carbamazepine.....	2,266	2,556	1,952	1,929	1,932	1,700	1,878	1,861	1,625	1,845	1,343	1,877	0.211	0.936
Thioridazine.....	1,650	1,367	1,405	1,785	1,562	1,005	1,242	1,001	822	905	733	494	0.328	0.131
TOTAL ED VISITS**.....	43,500	44,151	44,439	45,190	44,027	44,521	45,314	45,876	44,342	45,378	44,309	45,374	0.000	0.943

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 2 - Estimated number of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits, for total coterminous U.S. by year: 1991-1998

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	p-value 1997, 1998 ^{1,2}	p-value 1996, 1998 ^{1,3}
DRUG EPISODES.....	393,968	433,493	460,910	518,521	513,633	514,347	527,058	542,544	0.217	0.067
DRUG MENTIONS.....	674,861	751,731	796,762	900,317	901,206	907,561	943,937	982,856	0.135	0.018 +
Alcohol-in-combination.....	121,835	141,772	143,574	160,744	166,925	166,185	171,982	185,002	0.079	0.051
Cocaine.....	101,189	119,843	123,423	142,878	135,801	152,433	161,087	172,014	0.107	0.040 +
Heroin/morphine.....	35,898	48,003	63,232	64,013	70,838	73,846	72,010	77,645	0.060	0.443
Acetaminophen.....	30,445	31,355	34,033	38,674	36,563	38,265	35,448	32,257	0.051	0.000 -
Aspirin.....	21,669	18,834	18,958	19,358	16,729	15,854	14,623	15,457	0.495	0.737
Ibuprofen.....	15,411	16,400	17,534	19,031	21,250	16,979	17,070	17,146	0.952	0.894
Alprazolam.....	16,235	16,498	16,832	17,183	17,082	16,655	17,468	17,833	0.741	0.453
Marijuana/hashish.....	16,251	23,997	28,873	40,183	45,271	53,789	64,744	76,870	0.008 +	0.000 +
Diazepam.....	14,637	13,947	12,409	13,568	14,248	13,601	13,367	12,758	0.583	0.541
Amitriptyline.....	8,660	10,132	9,863	11,297	8,898	8,874	8,445	6,710	0.033 -	0.018 -
Acetamin./codeine.....	7,134	7,094	7,655	6,849	6,829	5,832	6,589	5,045	0.007 -	0.145
OTC sleep aids.....	6,339	7,034	5,380	6,890	6,794	7,628	6,084	5,750	0.554	0.001 -
Lorazepam.....	6,910	8,925	10,191	12,248	11,256	10,035	10,818	10,472	0.734	0.648
d-Propoxyphene.....	7,803	6,551	8,039	7,478	7,015	6,780	7,614	6,885	0.379	0.910
Fluoxetine.....	6,856	8,327	7,537	9,123	9,499	9,596	10,495	9,812	0.434	0.797
Diphenhydramine.....	6,739	7,861	7,442	9,537	8,685	9,406	8,804	6,110	0.001 -	0.001 -
Methamphetamine/speed....	4,887	6,563	9,926	17,665	15,936	11,002	17,154	11,491	0.009 -	0.634
Oxycodone.....	3,941	3,750	3,395	4,084	3,393	3,190	4,857	5,211	0.623	0.001 +
PCP/PCP combinations.....	3,470	5,282	6,614	6,019	6,237	3,924	4,195	4,033	0.694	0.779
Lithium carbonate.....	4,506	4,653	5,327	5,964	6,707	4,678	4,864	3,481	0.061	0.058
Clonazepam.....	6,467	8,220	10,175	12,158	12,802	13,375	14,597	17,450	0.053	0.006 +
Hydantoin.....	3,146	3,879	3,528	3,276	3,576	2,935	2,434	2,976	0.342	0.942
Hydrocodone.....	5,012	6,105	6,115	8,478	8,977	10,473	10,705	12,568	0.102	0.186
LSD.....	3,846	3,499	3,422	5,150	5,681	4,569	5,219	4,982	0.770	0.631
Triazolam.....	3,363	1,666	1,264	997	776	726	322	537	0.206	0.349
Phenobarbital.....	3,016	3,220	3,021	2,471	2,888	2,335	1,830	2,545	0.142	0.693
Doxepin.....	3,734	3,605	3,351	4,268	2,726	2,402	2,091	1,537	0.117	0.031 -
Cyclobenzaprine.....	3,092	2,731	2,647	3,130	2,924	3,599	3,626	2,967	0.183	0.209
Haloperidol.....	3,176	2,896	3,301	3,072	2,718	3,311	2,306	2,131	0.697	0.026 -
Amphetamine.....	2,296	3,713	5,538	9,664	9,380	9,308	10,235	11,751	0.385	0.203
Trazodone.....	4,255	4,640	5,682	7,293	9,455	9,210	8,733	9,674	0.354	0.571
Carisoprodol.....	4,228	5,922	6,570	6,571	7,771	7,279	6,133	8,454	0.010 +	0.199
Naproxen.....	3,423	2,690	3,125	4,302	5,253	4,546	5,330	5,549	0.729	0.113
Imipramine.....	3,391	4,371	3,295	2,764	2,482	1,837	1,383	717	0.035 -	0.009 -
Carbamazepine.....	3,384	3,319	4,823	3,881	3,633	3,740	3,471	3,219	0.619	0.416
Thioridazine.....	2,679	2,881	3,017	3,190	2,567	2,243	1,727	1,227	0.132	0.016 -
TOTAL ED VISITS**.....	84,189	85,944	87,651	89,629	88,548	91,189	89,720	89,683	0.761	0.000 -

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

**Table 3 - Estimated number of emergency department drug episodes, by metropolitan area by half year:
First half 1993 - second half 1998**

DRUG EPISODES

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
TOTAL U.S.....	230,234	230,676	252,625	265,896	270,855	242,777	251,672	262,675	265,194	261,864	271,903	270,641	0.876	0.347
Atlanta.....	3,703	4,024	4,899	5,929	5,689	5,374	4,561	4,839	4,025	3,979	5,544	5,178	0.126	0.187
Baltimore.....	6,496	6,978	7,527	8,335	8,307	7,659	7,763	8,231	6,618	6,137	6,440	7,296	0.002 +	0.015 +
Boston.....	6,283	6,361	6,563	8,662	8,690	7,383	7,109	6,429	6,357	5,872	6,739	6,917	0.716	0.277
Buffalo.....	1,033	1,489	1,499	1,427	1,355	1,358	1,830	1,757	1,571	1,241	1,276	1,407	0.037 +	0.005 +
Chicago.....	8,216	9,762	9,963	11,548	11,728	10,157	10,974	12,550	12,846	14,045	12,873	13,336	0.062	0.410
Dallas.....	2,480	2,258	2,463	2,698	2,652	2,577	2,512	2,466	2,911	3,284	3,632	3,566	0.651	0.071
Denver.....	1,685	2,106	2,502	2,532	2,460	2,149	1,779	1,641	2,101	2,237	2,031	2,060	0.690	0.164
Detroit.....	9,193	9,976	9,251	7,910	10,587	8,043	10,596	10,225	9,363	8,241	8,489	8,994	0.388	0.285
Los Angeles - Long Beach...	10,343	10,268	9,524	9,732	10,027	9,233	10,100	10,178	8,809	8,378	8,127	8,976	0.174	0.439
Miami - Hialeah.....	2,679	2,909	2,888	2,961	3,266	3,156	3,078	3,214	3,239	3,046	3,170	3,255	0.581	0.472
Minneapolis - St. Paul.....	2,163	2,395	2,342	2,269	2,229	2,098	2,377	2,459	2,563	2,410	2,248	2,101	0.352	0.201
New Orleans.....	2,088	2,004	2,328	2,411	2,619	3,249	2,900	2,944	2,602	2,607	2,766	2,325	0.000 -	0.001 -
New York.....	21,910	23,205	21,652	21,475	21,027	19,764	21,001	19,470	18,953	18,163	18,047	18,096	0.962	0.954
Newark.....	4,924	4,292	4,565	4,829	5,435	5,435	5,274	4,635	4,155	4,738	4,619	4,326	0.033 -	0.008 -
Philadelphia.....	10,326	9,474	8,352	9,360	10,361	10,142	10,610	11,025	11,457	11,772	12,674	12,254	0.578	0.553
Phoenix.....	3,152	2,778	3,175	3,704	4,184	3,729	3,820	3,614	3,747	3,581	3,754	3,306	0.000 -	0.000 -
St. Louis.....	2,046	1,974	2,919	3,121	3,080	2,582	3,021	3,168	2,835	2,828	2,861	2,858	0.989	0.932
San Diego.....	2,773	2,538	2,582	2,469	2,346	2,315	2,915	2,896	3,081	3,673	3,590	3,391	0.000 -	0.034 -
San Francisco.....	6,563	5,200	4,883	6,882	5,071	5,093	4,764	4,772	4,633	4,791	4,596	4,473	0.147	0.000 -
Seattle.....	3,604	3,662	4,952	5,097	4,494	4,024	4,370	4,106	5,102	5,491	4,625	3,707	0.442	0.207
Washington, DC.....	6,142	6,197	6,571	7,581	6,359	5,471	5,939	5,781	5,651	5,543	5,973	5,623	0.001 -	0.896
National Panel.....	112,431	110,825	131,225	134,964	138,888	121,786	124,379	136,275	142,574	139,806	147,829	147,195	0.935	0.409

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 4 - Estimated number of emergency department drug episodes, by metropolitan area by year: 1991-1998

DRUG EPISODES

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.....	393,968	433,493	460,910	518,521	513,633	514,347	527,058	542,544	0.217	0.067
Atlanta.....	6,833	8,767	7,728	10,828	11,063	9,400	8,004	10,722	0.094	0.446
Baltimore.....	10,802	12,946	13,474	15,862	15,966	15,994	12,755	13,736	0.253	0.084
Boston.....	9,532	12,744	12,644	15,225	16,073	13,539	12,229	13,657	0.468	0.953
Buffalo.....	1,660	1,962	2,522	2,926	2,714	3,587	2,812	2,683	0.420	0.001 -
Chicago.....	13,875	17,580	17,978	21,511	21,885	23,524	26,891	26,209	0.653	0.039 +
Dallas.....	4,356	4,062	4,739	5,160	5,230	4,978	6,195	7,198	0.000 +	0.000 +
Denver.....	3,442	3,664	3,791	5,034	4,609	3,419	4,338	4,091	0.211	0.001 +
Detroit.....	14,327	15,777	19,169	17,162	18,630	20,822	17,604	17,483	0.939	0.343
Los Angeles - Long Beach...	17,400	19,697	20,611	19,256	19,260	20,278	17,187	17,103	0.937	0.020 -
Miami - Hialeah.....	4,688	4,707	5,588	5,849	6,421	6,292	6,285	6,426	0.731	0.699
Minneapolis - St. Paul.....	3,696	3,923	4,558	4,611	4,327	4,836	4,974	4,348	0.153	0.148
New Orleans.....	5,767	5,353	4,092	4,739	5,868	5,844	5,209	5,091	0.272	0.000 -
New York.....	36,948	44,759	45,116	43,127	40,792	40,471	37,116	36,142	0.511	0.010 -
Newark.....	8,338	8,748	9,216	9,395	10,870	9,909	8,893	8,944	0.893	0.618
Philadelphia.....	16,845	20,573	19,801	17,711	20,502	21,634	23,229	24,928	0.085	0.033 +
Phoenix.....	5,918	6,103	5,930	6,879	7,913	7,434	7,327	7,060	0.134	0.051
St. Louis.....	4,594	4,405	4,020	6,039	5,662	6,188	5,664	5,719	0.936	0.625
San Diego.....	5,103	6,088	5,310	5,051	4,661	5,811	6,754	6,982	0.401	0.009 +
San Francisco.....	11,700	10,592	11,763	11,766	10,165	9,536	9,424	9,070	0.191	0.254
Seattle.....	4,744	6,200	7,266	10,049	8,517	8,476	10,593	8,332	0.151	0.891
Washington, DC.....	10,558	10,687	12,339	14,152	11,830	11,720	11,194	11,596	0.735	0.917
National Panel.....	192,840	204,155	223,256	266,189	260,674	260,654	282,380	295,023	0.287	0.020 +

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 5 - Estimated number of emergency department drug mentions, by metropolitan area by half year: First half 1993 - second half 1998

DRUG MENTIONS

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
TOTAL U.S.	394,905	401,857	438,398	461,919	471,933	429,273	442,932	464,630	473,220	470,716	492,116	490,741	0.934	0.312
Atlanta.....	7,125	7,640	9,416	11,946	11,497	10,822	9,120	9,988	8,129	8,063	10,625	9,593	0.038 -	0.425
Baltimore.....	11,128	12,056	12,800	14,096	14,151	12,970	12,964	14,121	11,470	10,593	10,866	12,684	0.000 +	0.012 +
Boston.....	11,502	11,600	12,004	16,228	16,232	13,865	13,146	11,785	11,757	10,663	12,243	12,650	0.669	0.264
Buffalo.....	1,825	2,551	2,503	2,566	2,405	2,467	3,435	3,250	2,953	2,333	2,341	2,594	0.054	0.005 +
Chicago.....	14,241	17,111	17,310	19,963	20,576	17,861	19,683	22,755	24,192	26,337	23,784	24,591	0.121	0.331
Dallas.....	4,495	4,129	4,457	4,902	4,849	4,806	4,753	4,425	5,400	6,052	6,818	6,601	0.296	0.021 +
Denver.....	2,891	3,476	4,253	4,163	4,469	3,757	3,063	2,853	3,675	3,863	3,544	3,635	0.559	0.346
Detroit.....	17,079	18,636	16,683	14,065	19,445	14,732	20,025	19,012	17,212	15,291	16,031	16,573	0.653	0.349
Los Angeles - Long Beach...	17,862	17,701	16,417	16,804	17,321	16,102	17,182	18,054	15,454	14,250	13,734	16,085	0.072	0.187
Miami - Hialeah.....	4,194	4,510	4,645	4,738	5,155	4,932	4,849	5,078	5,288	4,970	5,271	5,485	0.523	0.321
Minneapolis - St. Paul.....	4,191	4,564	4,616	4,414	4,300	4,042	4,570	4,594	4,887	4,497	4,276	3,874	0.204	0.132
New Orleans.....	4,212	4,013	4,576	4,883	5,044	6,090	5,490	5,550	4,775	4,949	5,155	4,507	0.008 -	0.028 -
New York.....	31,985	33,390	31,952	32,248	31,401	31,060	33,704	31,919	30,505	29,760	28,922	29,447	0.743	0.873
Newark.....	8,449	7,479	8,053	8,476	9,526	9,770	9,942	8,075	7,034	8,004	7,876	7,308	0.032 -	0.007 -
Philadelphia.....	18,629	16,366	14,867	16,850	18,722	18,252	19,108	19,693	21,016	21,844	23,102	22,524	0.732	0.730
Phoenix.....	5,225	4,785	5,325	6,238	7,043	6,169	6,536	5,999	6,354	6,309	6,390	5,902	0.000 -	0.044 -
St. Louis.....	3,524	3,283	5,409	5,612	5,693	4,681	5,414	5,626	4,977	5,343	5,317	5,395	0.857	0.946
San Diego.....	4,742	4,291	4,482	4,219	4,188	3,994	5,061	5,144	5,493	6,381	6,331	5,859	0.000 -	0.026 -
San Francisco.....	9,692	7,847	7,505	10,071	7,812	7,729	7,107	7,118	6,612	6,884	6,392	6,138	0.061	0.000 -
Seattle.....	6,094	6,032	8,442	8,731	7,520	6,588	7,105	6,638	8,723	9,506	7,795	6,133	0.425	0.169
Washington, DC.....	10,716	10,976	11,742	13,480	10,860	9,035	9,929	9,886	9,501	9,474	9,828	9,240	0.009 -	0.834
National Panel.....	195,104	199,419	230,940	237,227	243,724	219,548	220,748	243,067	257,815	255,354	275,474	273,923	0.924	0.332

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 6 - Estimated number of emergency department drug mentions, by metropolitan area by year: 1991-1998

DRUG MENTIONS

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.....	674,861	751,731	796,762	900,317	901,206	907,561	943,937	982,856	0.135	0.018 +
Atlanta.....	13,230	17,696	14,766	21,362	22,319	19,108	16,191	20,218	0.259	0.772
Baltimore.....	18,011	22,806	23,185	26,897	27,121	27,085	22,063	23,550	0.331	0.148
Boston.....	17,239	22,679	23,102	28,231	30,097	24,932	22,420	24,893	0.497	0.992
Buffalo.....	2,688	3,246	4,376	5,069	4,873	6,685	5,286	4,935	0.336	0.010 -
Chicago.....	23,411	30,532	31,352	37,273	38,437	42,439	50,529	48,375	0.495	0.036 +
Dallas.....	7,761	7,213	8,624	9,360	9,655	9,178	11,452	13,419	0.000 +	0.000 +
Denver.....	5,981	6,338	6,367	8,417	8,226	5,916	7,538	7,179	0.313	0.001 +
Detroit.....	24,377	28,378	35,715	30,748	34,177	39,037	32,503	32,604	0.974	0.351
Los Angeles - Long Beach...	30,223	33,723	35,564	33,221	33,423	35,236	29,703	29,820	0.945	0.093
Miami - Hialeah.....	7,694	7,813	8,704	9,383	10,087	9,926	10,258	10,756	0.478	0.118
Minneapolis - St. Paul.....	6,968	7,737	8,756	9,030	8,342	9,164	9,383	8,150	0.116	0.144
New Orleans.....	9,865	9,873	8,225	9,459	11,134	11,040	9,724	9,662	0.816	0.002 -
New York.....	52,336	65,648	65,375	64,199	62,461	65,623	60,265	58,368	0.485	0.012 -
Newark.....	15,046	14,843	15,928	16,529	19,296	18,017	15,038	15,185	0.820	0.502
Philadelphia.....	26,830	35,817	34,994	31,717	36,974	38,801	42,860	45,626	0.251	0.039 +
Phoenix.....	9,907	10,074	10,010	11,563	13,211	12,534	12,663	12,292	0.275	0.487
St. Louis.....	8,088	7,610	6,807	11,021	10,374	11,040	10,320	10,712	0.793	0.871
San Diego.....	8,896	10,291	9,033	8,701	8,182	10,205	11,874	12,190	0.514	0.010 +
San Francisco.....	17,210	15,436	17,538	17,576	15,541	14,224	13,495	12,530	0.009 -	0.004 -
Seattle.....	7,993	10,353	12,126	17,173	14,108	13,743	18,228	13,927	0.120	0.912
Washington, DC.....	18,234	18,329	21,692	25,222	19,896	19,815	18,975	19,068	0.966	0.725
National Panel.....	342,872	365,297	394,524	468,167	463,272	463,815	513,169	549,397	0.145	0.005 +

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 7 - Estimated number of emergency department cocaine mentions, by metropolitan area by half year: First half 1993 - second half 1998

COCAINE

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	<i>p</i> -value H1,H2, 98,98 ^{1,2}	<i>p</i> -value H2,H2, 97,98 ^{1,3}
TOTAL U.S.....	60,931	62,492	68,443	74,435	73,183	62,618	71,435	80,998	78,722	82,365	85,760	86,253	0.878	0.417
Atlanta.....	2,069	2,314	2,665	3,500	3,384	3,130	2,685	2,749	2,227	2,016	3,127	2,853	0.079	0.100
Baltimore.....	3,731	3,912	4,297	4,585	4,700	3,903	4,021	4,495	3,212	3,041	3,167	3,704	0.000 +	0.027 +
Boston.....	2,025	1,887	1,958	2,757	2,945	2,322	2,166	1,942	1,661	1,672	2,051	2,475	0.029 +	0.070
Buffalo.....	409	565	564	643	614	721	1,092	1,111	884	642	610	615	0.931	0.613
Chicago.....	3,764	4,876	4,839	5,958	6,003	4,699	5,734	6,954	7,100	7,273	6,883	6,757	0.484	0.336
Dallas.....	678	667	692	733	752	704	690	702	819	959	1,262	1,324	0.305	0.000 +
Denver.....	365	603	700	599	656	493	406	405	492	581	502	653	0.000 +	0.122
Detroit.....	4,195	4,796	4,585	3,379	5,420	3,347	5,255	5,180	4,489	3,604	4,172	4,445	0.326	0.035 +
Los Angeles - Long Beach...	2,686	2,676	2,548	2,522	2,663	2,322	2,748	2,962	2,295	2,413	2,629	3,154	0.042 +	0.009 +
Miami - Hialeah.....	1,280	1,382	1,313	1,428	1,552	1,526	1,488	1,615	1,638	1,616	1,768	1,785	0.911	0.384
Minneapolis - St. Paul.....	202	256	252	327	237	229	301	375	359	377	394	378	0.567	0.979
New Orleans.....	821	866	967	917	863	1,154	1,078	1,302	1,177	1,186	1,305	1,091	0.000 -	0.101
New York.....	10,499	10,586	10,084	10,130	9,915	9,808	11,070	10,522	10,233	9,969	9,989	9,560	0.468	0.534
Newark.....	1,981	1,844	1,996	2,231	2,314	2,345	2,369	2,067	1,627	1,944	1,908	1,835	0.317	0.209
Philadelphia.....	5,168	4,775	4,064	4,382	4,875	4,627	4,915	5,470	5,404	5,798	6,624	6,425	0.691	0.221
Phoenix.....	487	350	499	568	667	498	651	731	675	659	749	737	0.783	0.036 +
St. Louis.....	616	604	1,154	1,175	1,108	734	877	975	707	787	1,017	1,056	0.765	0.311
San Diego.....	445	424	384	285	322	322	405	501	394	452	462	509	0.014 +	0.108
San Francisco.....	1,645	1,390	1,288	1,835	1,296	1,264	1,155	1,160	992	987	912	930	0.339	0.248
Seattle.....	836	924	1,380	1,517	1,211	946	1,128	1,015	1,267	1,583	1,261	1,139	0.782	0.386
Washington, DC.....	2,133	2,142	2,162	2,688	2,025	1,517	1,954	1,927	1,604	1,619	1,892	1,826	0.350	0.008 +
National Panel.....	14,897	14,653	20,051	22,279	19,663	16,005	19,248	26,837	29,465	33,189	33,077	33,001	0.980	0.967

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 8 - Estimated number of emergency department cocaine mentions, by metropolitan area by year: 1991-1998

COCAINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.....	101,189	119,843	123,423	142,878	135,801	152,433	161,087	172,014	0.107	0.040 +
Atlanta.....	3,266	5,118	4,384	6,165	6,515	5,434	4,244	5,980	0.052	0.583
Baltimore.....	6,687	8,078	7,643	8,882	8,603	8,515	6,253	6,871	0.227	0.041 -
Boston.....	2,992	4,266	3,912	4,715	5,267	4,109	3,333	4,526	0.174	0.663
Buffalo.....	469	644	974	1,207	1,334	2,203	1,526	1,225	0.060	0.001 -
Chicago.....	5,575	8,214	8,640	10,797	10,702	12,688	14,373	13,640	0.445	0.208
Dallas.....	1,302	1,221	1,345	1,426	1,457	1,393	1,778	2,586	0.000 +	0.000 +
Denver.....	699	838	968	1,299	1,149	811	1,072	1,154	0.222	0.000 +
Detroit.....	5,919	6,939	8,991	7,964	8,767	10,435	8,093	8,617	0.615	0.483
Los Angeles - Long Beach...	4,901	5,337	5,362	5,070	4,985	5,710	4,707	5,783	0.008 +	0.906
Miami - Hialeah.....	1,838	1,940	2,662	2,742	3,078	3,104	3,254	3,553	0.165	0.011 +
Minneapolis - St. Paul.....	396	449	457	578	465	675	736	773	0.526	0.255
New Orleans.....	3,486	2,847	1,686	1,884	2,018	2,380	2,363	2,396	0.731	0.881
New York.....	16,099	20,414	21,085	20,214	19,724	21,592	20,202	19,549	0.495	0.040 -
Newark.....	4,016	4,017	3,825	4,228	4,658	4,436	3,571	3,743	0.417	0.500
Philadelphia.....	8,769	10,986	9,943	8,446	9,502	10,384	11,202	13,049	0.002 +	0.015 +
Phoenix.....	803	908	838	1,067	1,165	1,382	1,334	1,486	0.001 +	0.182
St. Louis.....	1,419	1,445	1,220	2,329	1,841	1,852	1,494	2,073	0.226	0.669
San Diego.....	846	1,149	869	668	644	906	846	971	0.126	0.551
San Francisco.....	3,052	2,760	3,035	3,123	2,560	2,315	1,979	1,843	0.113	0.000 -
Seattle.....	1,124	1,446	1,760	2,896	2,157	2,143	2,850	2,399	0.355	0.420
Washington, DC.....	4,572	4,236	4,275	4,849	3,542	3,881	3,223	3,718	0.006 +	0.409
National Panel.....	22,958	26,591	29,550	42,330	35,668	46,085	62,654	66,078	0.591	0.026 +

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

**Table 9 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by half year:
First half 1993 - second half 1998**

HEROIN/MORPHINE

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
TOTAL U.S.....	30,763	32,469	30,036	33,977	35,500	35,339	35,198	38,648	35,352	36,658	38,553	39,092	0.776	0.115
Atlanta.....	106	144	197	260	219	205	216	198	179	220	229	254	0.491	0.473
Baltimore.....	2,515	3,204	3,394	4,116	4,221	4,001	3,944	4,166	3,035	2,838	3,019	3,706	0.000 +	0.002 +
Boston.....	1,185	1,134	945	1,582	1,594	1,377	1,337	1,415	1,278	1,239	1,366	1,390	0.863	0.398
Buffalo.....	92	188	140	215	155	230	222	227	208	263	228	317	0.000 +	0.000 +
Chicago.....	1,480	2,101	2,283	2,505	2,243	2,482	2,628	3,654	3,959	4,674	4,529	4,853	0.081	0.704
Dallas.....	145	151	108	128	148	129	163	184	256	261	262	250	0.779	0.856
Denver.....	97	179	219	276	228	241	201	143	193	283	256	253	0.533	0.077
Detroit.....	1,118	1,262	1,130	975	1,343	1,058	1,614	1,600	1,584	1,462	1,437	1,464	0.838	0.990
Los Angeles - Long Beach...	1,852	1,872	1,464	1,485	1,422	1,665	1,734	1,570	1,350	1,182	1,223	1,408	0.240	0.158
Miami - Hialeah.....	114	138	129	135	180	156	160	231	280	319	365	408	0.360	0.023 +
Minneapolis - St. Paul.....	61	76	41	37	48	58	49	78	83	88	93	84	0.501	0.837
New Orleans.....	57	83	83	114	107	167	135	173	219	212	269	265	0.783	0.000 +
New York.....	5,131	6,220	5,561	5,624	5,288	5,440	5,677	5,490	4,898	4,593	4,626	4,618	0.978	0.943
Newark.....	2,422	2,104	2,137	2,361	2,696	2,989	2,978	2,414	1,861	2,506	2,577	2,502	0.321	0.959
Philadelphia.....	1,362	1,116	1,029	1,411	1,877	2,002	1,955	1,985	1,738	2,079	1,672	1,914	0.200	0.531
Phoenix.....	251	236	246	236	232	258	290	345	414	418	474	419	0.432	0.982
St. Louis.....	133	82	216	192	206	188	243	259	253	219	304	341	0.345	0.047 +
San Diego.....	408	434	368	327	305	386	560	421	419	508	493	517	0.076	0.836
San Francisco.....	2,019	1,675	1,514	2,040	1,500	1,640	1,582	1,575	1,425	1,327	1,340	1,046	0.000 -	0.000 -
Seattle.....	873	854	995	1,098	948	1,086	1,247	1,195	1,403	1,519	1,291	1,148	0.713	0.407
Washington, DC.....	803	611	505	755	668	640	692	843	827	864	1,057	1,055	0.949	0.000 +
National Panel.....	8,540	8,607	7,332	8,105	9,872	8,941	7,569	10,483	9,490	9,584	11,443	10,880	0.750	0.305

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 10 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by year: 1991-1998

HEROIN/MORPHINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.....	35,898	48,003	63,232	64,013	70,838	73,846	72,010	77,645	0.060	0.443
Atlanta.....	157	232	250	456	424	414	400	483	0.099	0.114
Baltimore.....	3,892	5,106	5,719	7,510	8,222	8,111	5,873	6,725	0.090	0.068
Boston.....	1,165	2,061	2,319	2,527	2,971	2,751	2,517	2,756	0.459	0.991
Buffalo.....	155	172	279	355	385	448	471	545	0.001 +	0.000 +
Chicago.....	2,262	2,958	3,581	4,787	4,725	6,282	8,633	9,383	0.502	0.013 +
Dallas.....	234	276	297	237	276	347	516	512	0.949	0.000 +
Denver.....	109	123	276	495	470	344	476	509	0.203	0.000 +
Detroit.....	1,828	1,843	2,380	2,106	2,401	3,214	3,046	2,901	0.735	0.691
Los Angeles - Long Beach...	1,674	2,944	3,724	2,949	3,088	3,305	2,532	2,631	0.648	0.027 -
Miami - Hialeah.....	145	181	251	264	336	391	599	772	0.000 +	0.000 +
Minneapolis - St. Paul.....	76	94	138	78	106	127	170	177	0.789	0.053
New Orleans.....	223	152	140	197	274	308	431	534	0.000 +	0.000 +
New York.....	6,019	8,382	11,351	11,185	10,728	11,167	9,491	9,244	0.616	0.003 -
Newark.....	2,328	2,868	4,526	4,498	5,686	5,392	4,367	5,080	0.021 +	0.860
Philadelphia.....	2,424	2,364	2,478	2,440	3,879	3,941	3,817	3,586	0.581	0.573
Phoenix.....	348	324	487	483	490	635	832	893	0.198	0.017 +
St. Louis.....	177	204	215	408	394	502	472	644	0.147	0.393
San Diego.....	773	1,022	842	695	691	982	927	1,011	0.388	0.869
San Francisco.....	3,140	3,131	3,694	3,555	3,139	3,157	2,751	2,386	0.000 -	0.000 -
Seattle.....	789	1,100	1,727	2,092	2,034	2,442	2,922	2,439	0.306	0.994
Washington, DC.....	1,480	1,512	1,414	1,261	1,307	1,535	1,691	2,112	0.000 +	0.000 +
National Panel.....	6,502	10,956	17,146	15,437	18,813	18,052	19,074	22,323	0.203	0.335

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 11 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by half year: First half 1993 - second half 1998

MARIJUANA/HASHISH

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	<i>p</i> -value H1,H2, 98,98 ^{1,2}	<i>p</i> -value H2,H2, 97,98 ^{1,3}
TOTAL U.S.....	13,577	15,296	19,078	21,105	24,277	20,994	24,892	28,897	32,402	32,343	37,883	38,987	0.738	0.063
Atlanta.....	404	445	637	890	832	839	692	855	770	808	1,410	1,223	0.102	0.298
Baltimore.....	312	313	364	405	393	552	507	686	689	713	708	788	0.269	0.435
Boston.....	548	637	812	1,059	1,277	1,122	1,091	1,036	921	847	1,484	1,423	0.775	0.067
Buffalo.....	50	88	108	122	100	195	271	241	275	197	206	246	0.007 +	0.000 +
Chicago.....	596	769	984	1,236	1,524	1,396	1,652	1,881	2,060	2,364	2,607	2,395	0.002 -	0.855
Dallas.....	194	173	242	235	247	308	294	262	435	481	761	752	0.849	0.004 +
Denver.....	86	116	211	195	313	183	147	141	215	290	293	287	0.866	0.935
Detroit.....	1,183	1,532	1,511	1,338	2,089	1,785	2,234	1,981	1,853	1,892	2,049	2,286	0.169	0.076
Los Angeles - Long Beach...	914	831	890	768	899	807	1,031	1,101	1,061	1,023	1,345	2,079	0.074	0.056
Miami - Hialeah.....	212	260	318	393	478	491	503	513	565	465	564	555	0.874	0.136
Minneapolis - St. Paul.....	174	216	252	230	232	237	286	259	309	296	241	250	0.732	0.320
New Orleans.....	270	341	460	425	426	599	558	688	636	709	714	482	0.000 -	0.000 -
New York.....	1,011	1,081	1,181	1,408	1,516	1,460	1,723	1,848	1,942	1,901	1,988	1,696	0.027 -	0.231
Newark.....	219	218	268	360	413	331	346	281	249	251	266	266	1.000	0.260
Philadelphia.....	1,076	879	930	1,154	1,554	1,508	1,689	1,747	2,164	2,392	2,835	2,475	0.161	0.749
Phoenix.....	123	103	159	294	279	196	334	276	357	384	385	340	0.274	0.430
St. Louis.....	82	73	...	458	521	340	418	507	521	588	693	645	0.311	0.709
San Diego.....	274	205	273	240	229	251	285	341	456	514	609	518	0.000 -	0.878
San Francisco.....	227	224	231	248	259	247	232	193	195	195	206	188	0.120	0.776
Seattle.....	203	203	394	476	534	459	479	417	773	890	569	366	0.291	0.073
Washington, DC.....	1,007	1,095	1,193	1,519	1,092	943	1,090	1,077	1,169	1,225	1,121	1,241	0.022 +	0.948
National Panel.....	4,412	5,493	7,216	7,652	9,069	6,745	9,030	12,566	14,785	13,920	16,829	18,486	0.607	0.184

... Estimate does not meet standard of precision or is less than 10.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 12 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by year: 1991-1998

MARIJUANA/HASHISH

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.	16,251	23,997	28,873	40,183	45,271	53,789	64,744	76,870	0.008 +	0.000 +
Atlanta.....	610	957	849	1,527	1,671	1,547	1,578	2,633	0.159	0.164
Baltimore.....	355	672	625	770	945	1,194	1,402	1,495	0.574	0.032 +
Boston.....	616	1,006	1,185	1,870	2,400	2,127	1,768	2,907	0.103	0.272
Buffalo.....	54	64	138	230	295	512	472	453	0.765	0.341
Chicago.....	808	1,488	1,366	2,219	2,919	3,533	4,424	5,002	0.101	0.001 +
Dallas.....	253	341	367	477	555	556	916	1,513	0.000 +	0.000 +
Denver.....	173	232	202	406	497	288	505	579	0.088	0.000 +
Detroit.....	807	1,487	2,716	2,849	3,875	4,215	3,746	4,335	0.182	0.890
Los Angeles - Long Beach...	1,055	1,331	1,745	1,658	1,706	2,132	2,084	3,423	0.083	0.142
Miami - Hialeah.....	443	364	472	711	969	1,015	1,030	1,118	0.224	0.085
Minneapolis - St. Paul.....	134	276	391	482	469	544	604	491	0.203	0.630
New Orleans.....	480	491	610	885	1,025	1,247	1,345	1,196	0.039 -	0.370
New York.....	1,195	2,004	2,092	2,589	2,976	3,571	3,842	3,684	0.474	0.665
Newark.....	...	396	436	628	743	627	500	532	0.051	0.408
Philadelphia.....	692	1,648	1,955	2,085	3,061	3,436	4,556	5,310	0.034 +	0.000 +
Phoenix.....	129	171	226	453	474	610	741	726	0.866	0.253
St. Louis.....	204	216	155	901	861	925	1,109	1,338	0.485	0.359
San Diego.....	290	416	479	513	480	626	970	1,127	0.009 +	0.000 +
San Francisco.....	305	278	451	479	507	425	390	394	0.943	0.651
Seattle.....	291	342	406	870	993	897	1,663	936	0.062	0.766
Washington, DC.....	959	1,259	2,102	2,712	2,035	2,167	2,394	2,362	0.944	0.639
National Panel.....	5,967	8,557	9,905	14,868	15,814	21,596	28,705	35,316	0.124	0.002 +

... Estimate does not meet standard of precision or is less than 10.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 13 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by half year: First half 1993 - second half 1998

METHAMPHETAMINE/SPEED

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
TOTAL U.S.....	4,224	5,702	7,824	9,841	9,678	6,257	4,197	6,805	8,218	8,936	6,534	4,957	0.091	0.000 -
Atlanta.....	...	45	49	51	58	89	39	96	85	129	94	67	0.192	0.018 -
Baltimore.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Boston.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Buffalo.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicago.....	12	...	...	11	28	...	17	11	10	19	16	18	0.722	0.772
Dallas.....	50	...	62	92	124	78	53	62	77	82	118	67	0.000 -	0.010 -
Denver.....	29	26	57	88	100	77	45	59	149	143	66	53	0.007 -	0.000 -
Detroit.....	11	13	11	...	...	...	...	...	...	...	...	...	...	...
Los Angeles - Long Beach...	605	622	677	722	813	464	575	694	596	633	418	368	0.341	0.000 -
Miami - Hialeah.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Minneapolis - St. Paul.....	15	27	37	27	57	36	49	59	110	...	68	43	0.154	...
New Orleans.....	...	...	...	10	...	11	10	12	...	17	13	12	0.191	0.041 -
New York.....	11	...	11	...	14	...	...	15	13	...	17	19	0.798	...
Newark.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Philadelphia.....	60	50	58	34	25	65	19	47	58	43	17	31	0.066	0.374
Phoenix.....	229	252	379	434	454	324	397	328	461	339	294	152	0.037 -	0.000 -
St. Louis.....	10	18	28	25	58	18	...	23	23	43	30	...	...	...
San Diego.....	422	508	486	427	413	272	288	378	418	558	421	300	0.000 -	0.000 -
San Francisco.....	538	454	475	782	622	484	403	531	484	528	385	232	0.000 -	0.000 -
Seattle.....	83	94	126	172	181	79	72	123	212	267	160	106	0.013 -	0.000 -
Washington, DC.....	...	...	...	32	...	10	...	...	...	...	10	...	...	...
National Panel.....	2,112	3,516	5,342	6,904	6,689	4,217	2,177	4,322	5,478	5,976	4,390	3,420	0.296	0.007 -

... Estimate does not meet standard of precision or is less than 10.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 14 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by year: 1991-1998

METHAMPHETAMINE/SPEED

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.....	4,887	6,563	9,926	17,665	15,936	11,002	17,154	11,491	0.009 -	0.634
Atlanta.....	38	21	55	101	147	135	214	162	0.158	0.464
Baltimore.....	...	...	...	...	...	...	...	...	...	...
Boston.....	13	12	15	...	...	...	13	...	...	...
Buffalo.....	...	...	...	...	...	...	...	...	...	...
Chicago.....	18	12	20	20	34	28	29	33	0.273	0.476
Dallas.....	99	68	79	154	203	115	159	186	0.009 +	0.000 +
Denver.....	38	31	55	145	176	105	292	120	0.000 -	0.280
Detroit.....	29	10	24	17	15	...	...	...	...	...
Los Angeles - Long Beach...	506	828	1,226	1,400	1,276	1,268	1,229	786	0.000 -	0.002 -
Miami - Hialeah.....	...	...	...	...	...	...	10	16	0.000 +	...
Minneapolis - St. Paul.....	22	42	42	64	93	108	217	112	0.064	0.838
New Orleans.....	40	18	10	12	18	22	26	25	0.699	0.726
New York.....	12	20	16	21	23	21	32	36	0.629	0.064
Newark.....	...	11	...	...	...	...	...	...	...	...
Philadelphia.....	92	142	110	92	91	66	101	48	0.087	0.145
Phoenix.....	164	279	481	813	777	725	800	446	0.000 -	0.000 -
St. Louis.....	27	15	29	52	76	39	67	66	0.962	0.334
San Diego.....	515	931	929	913	686	666	976	721	0.003 -	0.597
San Francisco.....	839	688	992	1,258	1,106	934	1,012	616	0.000 -	0.000 -
Seattle.....	90	99	177	299	260	195	479	266	0.000 -	0.007 +
Washington, DC.....	22	...	20	33	24	11	...	16	...	0.193
National Panel.....	2,302	3,315	5,628	12,245	10,906	6,499	11,454	7,810	0.089	0.191

... Estimate does not meet standard of precision or is less than 10.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 15 - Estimated number of total emergency department visits, by metropolitan area by half year: First half 1993 - second half 1998

TOTAL ED VISITS**

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
TOTAL U.S.....	43,500	44,151	44,439	45,190	44,027	44,521	45,314	45,876	44,342	45,378	44,309	45,374	0.000 +	0.943
Atlanta.....	546	550	541	588	545	585	564	561	507	534	511	521	0.000 +	0.341
Baltimore.....	408	419	408	418	414	423	429	436	434	440	463	468	0.000 +	0.000 +
Boston.....	862	884	818	861	797	804	834	880	784	784	770	786	0.000 +	0.927
Buffalo.....	165	169	158	166	150	151	145	149	132	136	127	144	0.000 +	0.000 +
Chicago.....	1,020	1,040	1,063	1,082	1,093	1,123	1,095	1,109	1,071	1,126	1,049	1,092	0.000 +	0.000 -
Dallas.....	389	407	409	417	416	427	417	419	449	438	462	452	0.000 -	0.000 +
Denver.....	244	242	223	225	228	237	230	216	216	223	212	214	0.000 +	0.000 -
Detroit.....	770	798	722	713	752	761	746	791	729	720	724	737	0.000 +	0.000 +
Los Angeles - Long Beach...	1,215	1,204	1,158	1,218	1,115	1,123	1,177	1,158	1,068	1,165	1,024	1,118	0.000 +	0.000 -
Miami - Hialeah.....	286	285	307	300	309	313	318	314	329	339	354	346	0.000 -	0.000 +
Minneapolis - St. Paul.....	307	323	273	288	336	347	346	345	335	347	330	331	0.000 +	0.000 -
New Orleans.....	272	263	280	285	287	288	297	306	285	291	289	274	0.000 -	0.000 -
New York.....	1,611	1,599	1,641	1,715	1,599	1,597	1,829	1,795	1,735	1,698	1,672	1,799	0.000 +	0.000 +
Newark.....	342	328	331	347	347	355	332	349	321	328	340	357	0.000 +	0.000 +
Philadelphia.....	869	884	804	815	828	829	821	836	807	831	826	865	0.000 +	0.000 +
Phoenix.....	340	305	322	323	348	352	384	347	348	342	372	345	0.000 -	0.000 +
St. Louis.....	439	455	460	457	440	429	445	436	409	433	422	397	0.000 -	0.000 -
San Diego.....	317	301	264	256	243	260	291	284	291	295	298	313	0.000 +	0.000 +
San Francisco.....	309	281	287	291	238	243	252	243	239	241	256	257	0.000 +	0.000 +
Seattle.....	363	334	353	349	279	291	309	290	283	299	279	271	0.000 -	0.000 -
Washington, DC.....	569	587	587	608	582	594	535	555	536	541	552	560	0.000 +	0.000 +
National Panel.....	31,858	32,496	33,030	33,468	32,681	32,989	33,518	34,059	33,036	33,829	32,977	33,725	0.000 +	0.126

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 16 - Estimated number of total emergency department visits, by metropolitan area by year: 1991-1998

TOTAL ED VISITS**

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.....	84,189	85,944	87,651	89,629	88,548	91,189	89,720	89,683	0.761	0.000 -
Atlanta.....	1,059	1,046	1,096	1,129	1,129	1,125	1,041	1,032	0.726	0.002 -
Baltimore.....	803	790	827	825	838	865	873	931	0.000 +	0.000 +
Boston.....	1,683	1,749	1,746	1,679	1,601	1,714	1,568	1,556	0.793	0.000 -
Buffalo.....	336	346	333	324	300	294	268	272	0.000 +	0.000 -
Chicago.....	2,098	2,197	2,060	2,145	2,216	2,204	2,197	2,141	0.000 -	0.000 -
Dallas.....	722	757	796	826	843	835	886	914	0.000 +	0.000 +
Denver.....	427	469	486	448	464	446	439	426	0.000 -	0.000 -
Detroit.....	1,522	1,507	1,568	1,435	1,513	1,537	1,449	1,461	0.000 +	0.000 -
Los Angeles - Long Beach...	2,303	2,296	2,419	2,376	2,237	2,335	2,233	2,142	0.000 -	0.000 -
Miami - Hialeah.....	574	565	571	607	622	632	668	700	0.000 +	0.000 +
Minneapolis - St. Paul.....	656	623	630	561	683	691	683	661	0.000 -	0.000 -
New Orleans.....	506	521	535	566	575	603	576	563	0.000 -	0.000 -
New York.....	3,221	3,233	3,210	3,356	3,196	3,624	3,432	3,472	0.000 +	0.000 -
Newark.....	637	617	670	679	702	681	649	697	0.000 +	0.000 +
Philadelphia.....	1,720	1,827	1,752	1,619	1,657	1,657	1,638	1,691	0.000 +	0.001 +
Phoenix.....	601	631	645	645	701	732	690	717	0.000 +	0.000 -
St. Louis.....	863	789	894	917	869	880	841	819	0.000 -	0.000 -
San Diego.....	612	614	618	520	504	575	586	611	0.000 +	0.000 +
San Francisco.....	558	543	589	578	481	495	479	513	0.000 +	0.000 +
Seattle.....	637	652	697	702	570	599	582	550	0.000 -	0.000 -
Washington, DC.....	1,101	1,048	1,156	1,195	1,176	1,090	1,077	1,112	0.000 +	0.000 +
National Panel.....	61,553	63,124	64,354	66,498	65,670	67,577	66,864	66,702	0.224	0.000 -

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted.

For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 17 - Estimated number of emergency department drug episodes, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1993 - second half 1998

DRUG EPISODES

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
TOTAL U.S.***	230,234	230,676	252,625	265,896	270,855	242,777	251,672	262,675	265,194	261,864	271,903	270,641	0.876	0.347
AGE														
6-34.....	146,567	141,765	158,735	166,198	165,408	144,530	150,391	152,993	155,293	151,416	154,273	147,687	0.157	0.450
12-17.....	27,092	22,947	31,498	28,974	32,604	28,118	33,383	30,566	33,126	28,312	32,496	26,591	0.001	0.330
18-25.....	49,936	48,340	54,393	57,868	54,238	49,471	47,928	50,697	52,641	52,006	50,798	52,640	0.446	0.802
26-34.....	68,730	69,904	72,398	78,797	77,881	66,123	68,461	71,174	68,917	69,981	70,484	67,999	0.244	0.451
35+.....	82,902	88,355	91,698	98,447	104,781	97,536	100,825	109,280	108,947	109,683	116,837	122,335	0.193	0.011 +
GENDER														
Male.....	112,469	119,252	125,998	137,336	135,680	120,457	122,807	134,851	136,327	133,638	141,162	140,193	0.846	0.261
Female.....	115,477	109,048	124,538	125,795	132,477	119,685	125,878	125,194	126,468	125,761	127,820	128,410	0.882	0.547
RACE/ETHNICITY														
White.....	121,955	123,288	135,083	144,229	145,154	132,484	134,980	139,078	143,733	140,509	145,650	149,796	0.563	0.251
Black.....	62,747	64,181	68,527	72,645	74,541	64,848	65,063	70,269	68,043	66,853	69,304	67,177	0.391	0.908
Hispanic.....	24,731	23,503	24,552	25,886	25,830	21,531	26,446	28,586	26,454	26,253	30,084	27,078	0.331	0.752
Other race.....	3,303	2,541	3,099	2,951	3,089	2,447	3,201	2,819	3,107	2,990	2,809	2,574	0.523	0.270
Race unknown.....	17,497	17,163	21,365	20,185	22,241	21,468	21,982	21,923	23,856	25,259	24,055	24,017	0.988	0.667
FACILITY LOCATION														
Central city.....	79,196	83,014	82,369	87,900	89,537	81,834	85,920	86,007	81,984	81,597	82,642	83,018	0.861	0.591
Outside central city.....	38,182	36,360	39,031	43,032	42,430	39,157	41,373	40,393	40,635	40,461	41,432	40,428	0.359	0.986
National Panel.....	112,431	110,825	131,225	134,964	138,888	121,786	124,379	136,275	142,574	139,806	147,829	147,195	0.935	0.409
DRUG USE MOTIVE														
Recreational use.....	17,781	18,640	19,963	23,985	23,593	22,614	23,536	30,336	29,082	26,993	27,515	29,520	0.269	0.185
Dependence.....	71,361	72,792	79,301	86,240	88,295	75,696	80,971	86,499	87,460	91,101	92,671	96,422	0.367	0.382
Suicide.....	92,042	88,170	99,775	99,997	104,401	96,718	95,668	95,742	99,635	91,847	98,216	91,681	0.184	0.974
Other/unknown motive.....	49,050	51,075	53,586	55,674	54,566	47,749	51,497	50,098	49,017	51,924	53,500	53,018	0.823	0.678
REASONS FOR ED CONTACT														
Unexpected reaction.....	26,870	27,699	31,189	35,406	31,284	26,098	28,940	32,963	35,504	33,183	34,218	36,962	0.120	0.037 +
Overdose.....	123,562	120,203	132,232	137,341	141,373	130,349	127,055	125,860	128,330	116,594	127,490	117,674	0.009	0.797
Chronic effects.....	24,989	25,192	26,904	29,106	33,188	26,978	26,987	26,480	24,116	25,157	25,717	24,393	0.122	0.640
Seeking detox.....	24,734	22,664	25,058	27,155	26,545	23,938	28,388	31,535	32,226	35,662	35,618	37,425	0.607	0.742
Withdrawal.....	4,720	6,405	7,233	6,791	8,161	6,965	7,223	7,790	6,984	8,193	8,320	9,659	0.108	0.122
Other/unknown reason.....	25,359	28,514	30,008	30,097	30,305	28,449	33,079	38,047	38,034	43,076	40,540	44,528	0.317	0.760

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 18 - Estimated number of emergency department drug episodes, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1991-1998

DRUG EPISODES

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.***	393,968	433,493	460,910	518,521	513,633	514,347	527,058	542,544	0.217	0.067
AGE										
6-34.....	261,873	277,887	288,332	324,933	309,937	303,384	306,709	301,960	0.493	0.886
12-17.....	47,494	46,822	50,039	60,472	60,722	63,949	61,437	59,086	0.394	0.035 -
18-25.....	92,410	96,307	98,276	112,262	103,708	98,625	104,647	103,438	0.721	0.220
26-34.....	121,354	133,506	138,634	151,195	144,003	139,634	138,897	138,483	0.910	0.824
35+.....	130,852	154,570	171,257	190,145	202,316	210,105	218,630	239,172	0.002 +	0.001 +
GENDER										
Male.....	189,455	219,607	231,721	263,334	256,137	257,658	269,965	281,355	0.145	0.014 +
Female.....	200,972	210,051	224,526	250,333	252,162	251,072	252,229	256,230	0.507	0.459
RACE/ETHNICITY										
White.....	221,541	235,643	245,243	279,312	277,637	274,057	284,242	295,447	0.264	0.085
Black.....	106,914	122,880	126,929	141,171	139,389	135,332	134,896	136,481	0.724	0.841
Hispanic.....	33,082	42,174	48,233	50,438	47,360	55,032	52,707	57,162	0.518	0.756
Other race.....	4,298	4,892	5,844	6,050	5,536	6,020	6,097	5,382	0.148	0.136
Race unknown.....	28,133	27,905	34,660	41,550	43,709	43,905	49,115	48,072	0.813	0.306
FACILITY LOCATION										
Central city.....	136,436	158,892	162,210	170,269	171,372	171,926	163,581	165,660	0.578	0.274
Outside central city.....	64,692	70,445	74,542	82,063	81,587	81,766	81,096	81,860	0.808	0.982
National Panel.....	192,840	204,155	223,256	266,189	260,674	260,654	282,380	295,023	0.287	0.020 +
DRUG USE MOTIVE										
Recreational use.....	30,362	35,008	36,421	43,948	46,207	53,873	56,075	57,035	0.751	0.523
Dependence.....	114,009	135,280	144,152	165,541	163,991	167,470	178,561	189,094	0.185	0.054
Suicide.....	172,710	172,403	180,212	199,773	201,120	191,410	191,481	189,897	0.815	0.855
Other/unknown motive.....	76,887	90,801	100,125	109,259	102,315	101,595	100,941	106,518	0.278	0.473
REASONS FOR ED CONTACT										
Unexpected reaction.....	41,246	52,588	54,569	66,595	57,382	61,902	68,687	71,180	0.393	0.004 +
Overdose.....	224,189	232,674	243,765	269,573	271,722	252,915	244,924	245,164	0.967	0.264
Chronic effects.....	43,964	46,865	50,180	56,010	60,166	53,467	49,273	50,110	0.721	0.338
Seeking detox.....	36,704	44,815	47,398	52,213	50,483	59,923	67,888	73,043	0.425	0.136
Withdrawal.....	7,166	9,851	11,125	14,025	15,127	15,013	15,176	17,979	0.024 +	0.028 +
Other/unknown reason.....	40,699	46,700	53,872	60,105	58,754	71,127	81,110	85,068	0.548	0.050

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 19 - Estimated number of emergency department drug mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1993 - second half 1998

DRUG MENTIONS

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
TOTAL U.S.**	394,905	401,857	438,398	461,919	471,933	429,273	442,932	464,630	473,220	470,716	492,116	490,741	0.934	0.312
AGE														
6-34.....	248,051	244,305	272,779	282,465	282,169	250,727	257,923	267,326	271,389	268,280	273,532	262,805	0.261	0.593
12-17.....	40,713	36,421	49,404	44,250	50,506	42,536	50,145	46,514	52,456	46,170	51,860	43,435	0.006 -	0.436
18-25.....	83,684	83,591	93,038	98,233	92,590	86,061	81,437	89,945	92,600	93,133	91,489	93,065	0.728	0.989
26-34.....	122,542	123,681	129,779	139,345	138,235	121,140	125,525	130,138	125,315	127,637	129,651	125,758	0.425	0.746
35+.....	145,360	156,665	162,871	177,748	188,693	177,294	184,247	196,454	200,310	201,077	217,120	226,812	0.267	0.017 +
GENDER														
Male.....	194,715	205,480	223,271	239,186	239,965	214,214	219,983	242,521	244,437	242,043	258,370	256,971	0.895	0.235
Female.....	196,407	192,145	211,479	217,633	227,283	210,470	217,656	217,617	224,909	224,458	228,763	230,246	0.852	0.520
RACE/ETHNICITY														
White.....	216,776	223,412	240,915	260,311	260,361	243,975	243,698	253,185	265,068	260,410	273,988	282,330	0.578	0.206
Black.....	106,201	108,759	117,266	123,184	129,976	110,427	112,470	121,325	118,566	117,978	122,088	116,961	0.295	0.849
Hispanic.....	39,100	37,237	39,737	40,848	40,497	34,493	44,629	48,745	44,889	46,466	51,553	47,185	0.429	0.882
Other race.....	5,318	4,379	5,133	4,725	4,944	4,026	5,545	5,438	4,890	4,959	5,020	4,369	0.490	0.398
Race unknown.....	27,510	28,069	35,347	32,851	36,155	36,352	36,590	35,936	39,807	40,904	39,467	39,895	0.921	0.846
FACILITY LOCATION														
Central city.....	130,936	137,459	137,657	147,683	152,191	139,906	147,940	149,567	142,699	142,178	142,150	143,175	0.789	0.835
Outside central city.....	68,390	64,443	69,801	77,010	76,018	69,819	74,244	71,995	72,706	73,185	74,491	73,643	0.691	0.895
National Panel.....	195,104	199,419	230,940	237,227	243,724	219,548	220,748	243,067	257,815	255,354	275,474	273,923	0.924	0.332
DRUG USE MOTIVE														
Recreational use.....	28,960	31,421	32,825	37,642	37,929	36,851	38,289	51,074	48,885	45,229	46,332	51,292	0.150	0.083
Dependence.....	117,686	118,289	131,925	143,424	148,717	128,299	139,928	150,209	152,316	159,865	163,309	168,860	0.485	0.474
Suicide.....	168,217	167,209	185,927	187,231	192,770	181,021	177,710	177,789	188,644	176,055	191,196	179,993	0.281	0.714
Other/unknown motive.....	80,042	84,937	87,722	93,623	92,516	83,102	87,004	85,558	83,376	89,567	91,278	90,595	0.860	0.831
REASONS FOR ED CONTACT														
Unexpected reaction.....	43,461	45,489	50,906	56,893	51,730	43,200	46,957	53,676	59,223	54,407	56,928	61,190	0.199	0.042 +
Overdose.....	219,468	220,876	236,971	250,532	253,855	238,810	230,787	230,813	236,689	219,593	243,800	225,387	0.022 -	0.500
Chronic effects.....	36,842	37,299	41,578	44,695	53,156	43,214	43,780	42,453	39,269	40,399	41,914	39,927	0.236	0.856
Seeking detox.....	44,430	38,887	44,844	47,307	49,485	43,842	52,883	58,745	59,974	69,443	67,439	70,749	0.639	0.903
Withdrawal.....	7,177	9,974	10,751	10,156	11,595	9,929	10,920	11,764	10,647	11,897	12,242	15,418	0.076	0.066
Other/unknown reason.....	43,527	49,330	53,348	52,337	52,112	50,279	57,605	67,177	67,418	74,977	69,793	78,069	0.225	0.711

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 20 - Estimated number of emergency department drug mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1991-1998

DRUG MENTIONS

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.**	674,861	751,731	796,762	900,317	901,206	907,561	943,937	982,856	0.135	0.018 +
AGE										
6-34.....	440,437	476,533	492,356	555,245	532,896	525,249	539,669	536,337	0.812	0.498
12-17.....	72,545	72,970	77,134	93,654	93,041	96,659	98,626	95,295	0.508	0.753
18-25.....	153,202	166,680	167,275	191,271	178,651	171,382	185,733	184,555	0.856	0.088
26-34.....	213,864	235,322	246,224	269,124	259,375	255,663	252,952	255,409	0.763	0.998
35+.....	232,532	273,609	302,025	340,618	365,987	380,701	401,388	443,932	0.003 +	0.000 +
GENDER										
Male.....	325,953	382,788	400,195	462,457	454,180	462,505	486,480	515,342	0.073	0.008 +
Female.....	342,839	361,572	388,552	429,112	437,753	435,273	449,367	459,009	0.439	0.099
RACE/ETHNICITY										
White.....	396,904	426,793	440,188	501,226	504,336	496,883	525,478	556,318	0.157	0.021 +
Black.....	173,347	205,800	214,960	240,450	240,403	233,795	236,544	239,049	0.754	0.669
Hispanic.....	51,928	67,384	76,337	80,585	74,990	93,374	91,355	98,738	0.582	0.699
Other race.....	6,861	8,027	9,697	9,859	8,970	10,982	9,849	9,389	0.619	0.121
Race unknown.....	45,820	43,726	55,580	68,198	72,507	72,526	80,711	79,362	0.866	0.362
FACILITY LOCATION										
Central city.....	217,701	261,137	268,395	285,340	292,097	297,507	284,877	285,326	0.949	0.271
Outside central city.....	114,288	125,297	132,833	146,811	145,836	146,240	145,891	148,134	0.710	0.811
National Panel.....	342,872	365,297	394,524	468,167	463,272	463,815	513,169	549,397	0.145	0.005 +
DRUG USE MOTIVE										
Recreational use.....	47,320	55,700	60,381	70,467	74,780	89,363	94,115	97,625	0.512	0.329
Dependence.....	184,101	221,472	235,976	275,348	277,016	290,137	312,180	332,169	0.212	0.043 +
Suicide.....	315,936	321,991	335,426	373,158	373,791	355,499	364,698	371,189	0.643	0.370
Other/unknown motive.....	127,504	152,568	164,979	181,344	175,618	172,562	172,944	181,873	0.305	0.448
REASONS FOR ED CONTACT										
Unexpected reaction.....	62,606	82,938	88,951	107,799	94,930	100,633	113,630	118,118	0.391	0.002 +
Overdose.....	403,791	424,935	440,343	487,503	492,665	461,600	456,282	469,187	0.302	0.611
Chronic effects.....	66,551	71,489	74,141	86,273	96,371	86,233	79,668	81,841	0.589	0.500
Seeking detox.....	63,071	77,834	83,318	92,151	93,326	111,628	129,417	138,188	0.481	0.101
Withdrawal.....	11,121	14,856	17,151	20,907	21,524	22,684	22,544	27,660	0.031 +	0.048 +
Other/unknown reason.....	67,720	79,679	92,858	105,685	102,390	124,782	142,394	147,863	0.649	0.073

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 21 - Estimated number of emergency department cocaine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1993 - second half 1998

COCAINE

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
TOTAL U.S.**	60,931	62,492	68,443	74,435	73,183	62,618	71,435	80,998	78,722	82,365	85,760	86,253	0.878	0.417
AGE														
6-34.....	38,406	37,988	41,984	45,976	43,258	34,868	39,692	43,699	42,175	43,830	44,169	43,713	0.789	0.966
12-17.....	578	992	1,100	954	1,191	860	1,236	1,345	2,084	1,547	2,235	2,074	0.672	0.129
18-25.....	11,109	11,050	11,821	13,571	11,699	9,417	10,207	11,858	12,340	12,880	11,886	12,622	0.470	0.803
26-34.....	26,714	25,944	29,061	31,439	30,362	24,591	28,243	30,489	27,743	29,400	29,995	29,015	0.371	0.843
35+.....	22,259	24,354	26,076	28,162	29,829	27,518	31,561	37,162	36,302	38,301	41,394	42,335	0.601	0.087
GENDER														
Male.....	40,944	41,743	45,562	50,563	48,391	41,308	46,286	54,606	52,059	54,122	55,784	56,603	0.729	0.455
Female.....	19,597	20,339	22,498	23,165	23,976	20,703	24,537	25,650	26,089	27,268	29,107	29,074	0.978	0.307
RACE/ETHNICITY														
White.....	15,799	16,919	19,127	21,716	20,810	19,208	20,726	23,994	24,049	26,823	25,735	27,219	0.424	0.897
Black.....	34,332	34,374	36,247	40,737	40,503	32,914	36,990	40,997	40,770	41,491	42,745	41,813	0.512	0.889
Hispanic.....	6,211	6,502	7,028	6,345	6,005	5,498	7,959	9,781	8,498	8,262	11,388	9,821	0.215	0.419
Other race.....	226	336	534	356	290	251	464	336	377	447	407	412	0.970	0.688
Race unknown.....	4,363	4,361	5,505	5,282	5,575	4,747	5,296	5,891	5,028	5,343	5,485	6,988	0.079	0.125
FACILITY LOCATION														
Central city.....	36,270	38,408	38,184	40,642	42,416	37,261	41,400	43,143	39,359	39,143	41,346	41,113	0.815	0.126
Outside central city.....	9,624	9,290	10,207	11,515	11,105	9,352	10,787	11,018	9,897	10,034	11,337	12,140	0.134	0.014 +
National Panel.....	14,897	14,653	20,051	22,279	19,663	16,005	19,248	26,837	29,465	33,189	33,077	33,001	0.980	0.967
DRUG USE MOTIVE														
Recreational use.....	6,663	7,403	7,628	8,485	8,025	8,310	8,248	13,158	11,299	11,512	11,293	11,876	0.495	0.684
Dependence.....	39,450	38,442	43,971	47,295	46,942	39,808	46,228	48,879	48,304	50,850	52,740	52,647	0.969	0.683
Suicide.....	4,710	4,687	5,558	6,161	6,337	5,735	5,978	7,067	6,936	7,513	7,869	7,786	0.933	0.793
Other/unknown motive.....	10,108	11,960	11,287	12,494	11,880	8,764	10,981	11,895	12,183	12,490	13,858	13,944	0.930	0.182
REASONS FOR ED CONTACT														
Unexpected reaction.....	14,054	13,799	16,002	17,760	14,404	11,532	14,316	16,108	16,725	16,138	17,732	17,511	0.825	0.098
Overdose.....	8,840	10,151	10,105	12,086	11,111	10,141	10,320	12,464	12,089	12,159	13,403	12,546	0.389	0.729
Chronic effects.....	11,379	11,565	13,467	13,562	17,665	13,478	14,333	13,895	12,678	12,192	12,930	12,703	0.567	0.475
Seeking detox.....	17,041	14,759	16,892	18,795	17,877	15,688	19,729	22,432	22,351	25,491	24,469	24,711	0.923	0.849
Withdrawal.....	1,271	1,800	1,683	1,672	1,632	1,843	1,914	1,760	1,578	1,843	1,920	2,011	0.747	0.599
Other/unknown reason.....	8,345	10,419	10,293	10,560	10,495	9,936	10,823	14,340	13,300	14,542	15,305	16,770	0.157	0.226

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 22 - Estimated number of emergency department cocaine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1991-1998

COCAINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	p-value 1997, 1998 ^{1,2}	p-value 1996, 1998 ^{1,3}
TOTAL U.S.***	101,189	119,843	123,423	142,878	135,801	152,433	161,087	172,014	0.107	0.040 +
AGE										
6-34.....	70,113	78,188	76,394	87,960	78,126	83,391	86,005	87,882	0.644	0.348
12-17.....	2,138	1,533	1,570	2,054	2,051	2,581	3,630	4,309	0.322	0.061
18-25.....	21,766	23,883	22,159	25,392	21,116	22,065	25,220	24,508	0.678	0.108
26-34.....	46,137	52,760	52,658	60,500	54,953	58,732	57,143	59,010	0.472	0.917
35+.....	30,582	41,288	46,614	54,238	57,348	68,723	74,602	83,729	0.005 +	0.004 +
GENDER										
Male.....	66,602	80,595	82,687	96,125	89,698	100,891	106,181	112,386	0.200	0.074
Female.....	33,778	38,194	39,936	45,663	44,679	50,187	53,357	58,181	0.063	0.017 +
RACE/ETHNICITY										
White.....	29,198	31,927	32,718	40,843	40,018	44,720	50,871	52,955	0.588	0.014 +
Black.....	56,106	69,123	68,706	76,984	73,417	77,986	82,260	84,558	0.533	0.285
Hispanic.....	9,012	11,824	12,713	13,373	11,502	17,740	16,760	21,209	0.274	0.448
Other race.....	513	502	561	890	541	800	824	819	0.959	0.903
Race unknown.....	6,360	6,467	8,724	10,788	10,323	11,187	10,371	12,472	0.162	0.447
FACILITY LOCATION										
Central city.....	60,269	74,589	74,678	78,825	79,677	84,543	78,502	82,459	0.065	0.611
Outside central city.....	17,962	18,663	18,915	21,722	20,457	21,805	19,931	23,477	0.012 +	0.372
National Panel.....	22,958	26,591	29,550	42,330	35,668	46,085	62,654	66,078	0.591	0.026 +
DRUG USE MOTIVE										
Recreational use.....	14,740	14,997	14,066	16,113	16,335	21,406	22,811	23,169	0.829	0.626
Dependence.....	65,348	77,455	77,892	91,265	86,749	95,107	99,154	105,388	0.247	0.251
Suicide.....	6,619	7,402	9,397	11,718	12,072	13,045	14,449	15,655	0.313	0.160
Other/unknown motive.....	14,481	19,988	22,068	23,782	20,644	22,876	24,673	27,802	0.184	0.141
REASONS FOR ED CONTACT										
Unexpected reaction.....	23,025	28,755	27,852	33,762	25,936	30,424	32,863	35,244	0.153	0.027 +
Overdose.....	14,662	16,242	18,991	22,191	21,251	22,784	24,249	25,949	0.223	0.031 +
Chronic effects	20,868	23,407	22,944	27,029	31,143	28,227	24,870	25,634	0.624	0.291
Seeking detox.....	25,492	30,826	31,801	35,687	33,565	42,161	47,842	49,181	0.760	0.296
Withdrawal.....	1,960	2,268	3,071	3,355	3,475	3,673	3,421	3,931	0.261	0.631
Other/unknown reason.....	15,182	18,344	18,764	20,854	20,432	25,163	27,842	32,075	0.190	0.046 +

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 23 - Estimated number of emergency department heroin/morphine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1993 - second half 1998

HEROIN/MORPHINE

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
TOTAL U.S.**	30,763	32,469	30,036	33,977	35,500	35,339	35,198	38,648	35,352	36,658	38,553	39,092	0.776	0.115
AGE														
6-34.....	14,580	14,926	13,928	16,569	16,050	15,774	15,262	16,683	15,900	16,099	17,060	16,758	0.799	0.342
12-17.....	137	143	...	265	144	260	229	330	531	848	444	465	0.916	0.195
18-25.....	3,807	4,212	3,794	4,576	4,039	4,511	4,288	4,980	5,029	4,965	5,448	5,998	0.518	0.130
26-34.....	10,633	10,569	9,890	11,728	11,868	11,002	10,741	11,374	10,339	10,286	11,166	10,294	0.177	0.986
35+.....	16,128	17,485	16,058	17,301	19,408	19,512	19,884	21,908	19,401	20,513	21,439	22,274	0.345	0.087
GENDER														
Male.....	21,633	23,040	20,358	23,642	24,636	24,530	23,662	26,150	24,340	23,760	26,102	26,363	0.852	0.070
Female.....	8,942	9,217	9,407	10,108	10,297	10,482	11,187	12,233	10,793	12,495	12,012	12,574	0.382	0.907
RACE/ETHNICITY														
White.....	11,349	11,679	10,773	12,610	13,890	13,181	11,693	13,691	12,955	13,927	14,289	15,302	0.416	0.133
Black.....	11,265	12,082	12,615	13,374	13,520	13,733	13,753	14,634	13,667	12,906	14,070	13,776	0.801	0.211
Hispanic.....	5,478	5,849	4,396	5,056	4,596	5,242	5,715	6,052	4,188	5,046	5,740	5,779	0.920	0.351
Other race.....	...	206	120	162	221	145	286	191	432	232	428	215	0.192	0.809
Race unknown.....	2,177	2,654	2,132	2,774	3,272	3,038	3,752	4,079	4,109	4,547	4,026	4,021	0.993	0.354
FACILITY LOCATION														
Central city.....	16,825	19,003	18,092	20,552	20,219	20,708	21,773	23,016	21,317	21,941	21,849	22,720	0.160	0.378
Outside central city.....	5,364	4,807	4,612	5,320	5,409	5,689	5,856	5,149	4,545	5,133	5,260	5,492	0.401	0.219
National Panel.....	8,540	8,607	7,332	8,105	9,872	8,941	7,569	10,483	9,490	9,584	11,443	10,880	0.750	0.305
DRUG USE MOTIVE														
Recreational use.....	2,995	2,342	1,649	2,505	2,159	3,118	2,826	3,498	2,381	2,471	2,179	2,183	0.991	0.325
Dependence.....	23,144	24,767	23,966	26,540	28,539	27,012	27,945	29,349	28,160	28,844	30,662	31,565	0.611	0.052
Suicide.....	942	1,173	1,069	1,213	1,159	1,412	1,136	1,718	1,549	1,922	1,846	1,676	0.582	0.469
Other/unknown motive.....	3,681	4,187	3,353	3,719	3,643	3,796	3,290	4,083	3,262	3,420	3,866	3,668	0.547	0.456
REASONS FOR ED CONTACT														
Unexpected reaction.....	3,364	3,485	2,652	3,655	3,083	3,141	3,087	3,514	3,364	3,361	3,950	4,053	0.726	0.010 +
Overdose.....	7,872	8,685	6,281	7,470	7,116	8,808	7,085	8,097	7,506	7,967	7,839	7,867	0.956	0.861
Chronic effects.....	7,179	7,102	7,830	8,701	9,172	8,532	9,053	8,704	7,725	8,119	7,884	7,879	0.986	0.527
Seeking detox.....	7,579	6,817	7,374	7,457	8,465	7,870	9,127	9,998	9,737	10,087	10,630	11,404	0.587	0.286
Withdrawal.....	2,339	3,220	3,353	3,580	4,352	3,955	3,840	3,990	3,546	3,610	4,495	4,328	0.674	0.014 +
Other/unknown reason.....	2,431	3,160	2,546	3,113	3,312	3,033	3,007	4,345	3,474	3,513	3,755	3,561	0.638	0.912

... Estimate does not meet standard of precision or is less than 10.

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 24 - Estimated number of emergency department heroin/morphine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1991-1998

HEROIN/MORPHINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	p-value 1997, 1998 ^{1,2}	p-value 1996, 1998 ^{1,3}
TOTAL U.S.**	35,898	48,003	63,232	64,013	70,838	73,846	72,010	77,645	0.060	0.443
AGE										
6-34.....	18,445	22,502	29,506	30,497	31,824	31,946	31,999	33,818	0.233	0.516
12-17.....	182	232	280	507	404	559	1,379	909	0.317	0.049 +
18-25.....	4,704	5,860	8,019	8,370	8,550	9,268	9,994	11,446	0.139	0.149
26-34.....	13,559	16,409	21,203	21,618	22,869	22,115	20,625	21,460	0.342	0.721
35+.....	17,310	25,376	33,613	33,359	38,919	41,792	39,914	43,714	0.032 +	0.448
GENDER										
Male.....	23,638	34,781	44,672	44,000	49,166	49,812	48,099	52,464	0.073	0.414
Female.....	11,951	12,832	18,159	19,515	20,779	23,420	23,289	24,586	0.231	0.527
RACE/ETHNICITY										
White.....	13,367	17,926	23,027	23,383	27,071	25,384	26,883	29,591	0.081	0.253
Black.....	15,175	18,600	23,347	25,989	27,253	28,387	26,573	27,846	0.321	0.849
Hispanic.....	5,118	8,519	11,327	9,452	9,838	11,767	9,234	11,519	0.128	0.875
Other race.....	178	294	699	282	367	477	664	643	0.843	0.077
Race unknown.....	2,060	2,665	4,831	4,906	6,310	7,831	8,656	8,047	0.520	0.793
FACILITY LOCATION										
Central city.....	22,721	29,374	35,828	38,644	40,926	44,789	43,258	44,569	0.413	0.980
Outside central city.....	6,675	7,673	10,170	9,932	11,098	11,005	9,678	10,753	0.010 +	0.886
National Panel.....	6,502	10,956	17,146	15,437	18,813	18,052	19,074	22,323	0.203	0.335
DRUG USE MOTIVE										
Recreational use.....	2,803	3,786	5,337	4,154	5,277	6,324	4,852	4,361	0.231	0.007 -
Dependence.....	28,222	36,271	47,911	50,505	55,551	57,294	57,004	62,227	0.050	0.302
Suicide.....	1,160	1,563	2,115	2,282	2,571	2,854	3,471	3,522	0.901	0.112
Other/unknown motive.....	3,713	6,384	7,869	7,071	7,439	7,373	6,683	7,535	0.068	0.763
REASONS FOR ED CONTACT										
Unexpected reaction.....	3,781	5,219	6,848	6,306	6,224	6,600	6,725	8,003	0.006 +	0.012 +
Overdose.....	7,110	12,226	16,557	13,752	15,924	15,182	15,473	15,706	0.801	0.548
Chronic effects	10,759	13,310	14,280	16,532	17,704	17,756	15,845	15,763	0.904	0.090
Seeking detox.....	7,982	9,204	14,396	14,831	16,334	19,126	19,824	22,034	0.350	0.503
Withdrawal.....	3,133	3,535	5,559	6,933	8,308	7,829	7,156	8,823	0.001 +	0.066
Other/unknown reason.....	3,133	4,509	5,591	5,659	6,345	7,352	6,987	7,316	0.700	0.969

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 25 - Estimated number of emergency department marijuana/hashish mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1993 - second half 1998

MARIJUANA/HASHISH

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
TOTAL U.S.**	13,577	15,296	19,078	21,105	24,277	20,994	24,892	28,897	32,402	32,343	37,883	38,987	0.738	0.063
AGE														
6-34.....	10,856	12,225	14,954	16,906	18,752	16,528	19,088	22,229	23,551	23,955	27,770	28,066	0.897	0.099
12-17.....	1,834	2,413	3,272	3,267	4,049	3,925	4,371	5,611	5,841	5,215	7,348	5,786	0.026 -	0.365
18-25.....	4,379	5,166	6,416	7,443	7,759	7,044	7,094	8,635	9,925	9,463	10,780	12,127	0.243	0.043 +
26-34.....	4,640	4,639	5,263	6,190	6,932	5,545	7,535	7,899	7,724	9,263	9,628	10,142	0.553	0.373
35+.....	2,582	3,042	4,092	4,185	5,504	4,374	5,779	6,617	8,692	8,351	10,068	10,729	0.578	0.066
GENDER														
Male.....	9,664	10,576	13,077	14,976	16,796	14,484	16,457	20,194	21,795	21,384	24,975	25,820	0.719	0.064
Female.....	3,710	4,658	5,771	5,991	7,082	6,135	8,317	8,383	10,326	10,702	12,361	12,928	0.640	0.115
RACE/ETHNICITY														
White.....	6,189	7,294	8,868	10,014	10,963	9,919	11,460	13,044	15,973	15,927	18,073	20,363	0.396	0.128
Black.....	4,824	5,281	6,855	8,197	9,253	7,657	8,748	10,204	10,331	10,789	12,380	12,071	0.735	0.237
Hispanic.....	1,231	1,459	1,628	1,481	2,085	1,656	2,917	3,382	3,417	3,263	4,202	3,464	0.327	0.669
Other race.....	72	130	171	131	166	235	142	242	304	220	242	255	0.881	0.699
Race unknown.....	1,263	1,131	1,556	1,282	1,810	1,527	1,624	2,024	2,376	2,143	2,985	2,834	0.756	0.132
FACILITY LOCATION														
Central city.....	5,674	6,333	7,302	8,283	9,760	9,482	10,354	10,573	11,058	11,833	12,692	12,418	0.615	0.440
Outside central city.....	3,485	3,463	4,561	5,169	5,448	4,768	5,508	5,758	6,559	6,589	8,361	8,083	0.467	0.027 +
National Panel.....	4,412	5,493	7,216	7,652	9,069	6,745	9,030	12,566	14,785	13,920	16,829	18,486	0.607	0.184
DRUG USE MOTIVE														
Recreational use.....	3,465	3,874	5,392	5,123	6,595	5,714	6,416	8,839	9,191	8,008	9,698	9,929	0.822	0.040 +
Dependence.....	5,409	5,371	6,931	8,083	9,799	8,345	9,573	11,454	11,727	12,212	13,084	13,689	0.675	0.412
Suicide.....	1,093	1,274	1,795	2,139	2,163	2,261	3,031	2,496	3,582	3,400	4,361	4,684	0.787	0.294
Other/unknown motive.....	3,611	4,776	4,960	5,760	5,719	4,674	5,872	6,107	7,902	8,722	10,740	10,685	0.946	0.079
REASONS FOR ED CONTACT														
Unexpected reaction.....	4,062	4,783	6,059	5,425	6,573	5,444	6,659	7,487	8,780	7,331	9,135	8,873	0.815	0.151
Overdose.....	2,152	2,557	3,215	3,844	3,917	3,826	4,838	5,014	5,831	5,132	7,005	7,213	0.797	0.021 +
Chronic effects.....	1,324	1,230	1,826	2,359	3,554	2,893	3,194	2,794	2,803	2,795	3,461	3,217	0.231	0.151
Seeking detox.....	2,815	2,567	2,669	3,516	3,911	3,255	3,560	4,201	5,085	5,837	5,447	6,347	0.404	0.698
Withdrawal.....	187	173	258	354	151	276	220	462	285	479	405	865	0.281	0.381
Other/unknown reason.....	3,037	3,986	5,051	5,607	6,171	5,302	6,422	8,939	9,617	10,768	12,429	12,470	0.978	0.282

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, p-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 26 - Estimated number of emergency department marijuana/hashish mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1991-1998

MARIJUANA/HASHISH

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	p-value 1997, 1998 ^{1,2}	p-value 1996, 1998 ^{1,3}
TOTAL U.S.**	16,251	23,997	28,873	40,183	45,271	53,789	64,744	76,870	0.008 +	0.000 +
AGE										
6-34.....	13,291	19,267	23,081	31,860	35,280	41,317	47,506	55,836	0.011 +	0.000 +
12-17.....	2,130	3,104	4,247	6,539	7,974	9,982	11,056	13,135	0.055	0.001 +
18-25.....	5,687	8,294	9,545	13,860	14,803	15,729	19,388	22,907	0.037 +	0.000 +
26-34.....	5,469	7,857	9,278	11,452	12,477	15,434	16,986	19,770	0.039 +	0.001 +
35+.....	2,882	4,689	5,624	8,277	9,879	12,396	17,043	20,796	0.016 +	0.000 +
GENDER										
Male.....	11,321	17,137	20,241	28,053	31,280	36,651	43,179	50,796	0.012 +	0.000 +
Female.....	4,725	6,463	8,368	11,762	13,216	16,700	21,028	25,289	0.022 +	0.000 +
RACE/ETHNICITY										
White.....	8,030	10,484	13,483	18,882	20,882	24,505	31,900	38,436	0.085	0.000 +
Black.....	5,621	8,934	10,104	15,053	16,910	18,952	21,121	24,452	0.014 +	0.000 +
Hispanic.....	1,392	2,724	2,690	3,109	3,741	6,300	6,680	7,666	0.403	0.149
Other race.....	93	107	202	302	401	384	524	497	0.769	0.312
Race unknown.....	1,114	1,749	2,394	2,837	3,337	3,648	4,520	5,819	0.107	0.002 +
FACILITY LOCATION										
Central city.....	6,600	9,930	12,008	15,585	19,242	20,927	22,891	25,110	0.048 +	0.004 +
Outside central city.....	3,684	5,511	6,948	9,730	10,216	11,266	13,148	16,444	0.009 +	0.000 +
National Panel.....	5,967	8,557	9,905	14,868	15,814	21,596	28,705	35,316	0.124	0.002 +
DRUG USE MOTIVE										
Recreational use.....	4,478	6,041	7,339	10,515	12,310	15,255	17,199	19,628	0.065	0.021 +
Dependence.....	7,064	9,043	10,780	15,014	18,144	21,027	23,939	26,772	0.186	0.006 +
Suicide.....	1,262	2,147	2,367	3,934	4,425	5,527	6,982	9,045	0.110	0.013 +
Other/unknown motive.....	3,447	6,767	8,387	10,719	10,393	11,979	16,624	21,425	0.026 +	0.001 +
REASONS FOR ED CONTACT										
Unexpected reaction.....	4,470	7,345	8,846	11,484	12,017	14,146	16,111	18,008	0.193	0.006 +
Overdose.....	2,519	4,321	4,708	7,059	7,743	9,852	10,964	14,218	0.005 +	0.000 +
Chronic effects	2,066	2,357	2,553	4,185	6,447	5,988	5,598	6,679	0.061	0.400
Seeking detox.....	3,295	4,543	5,382	6,185	7,166	7,761	10,923	11,794	0.601	0.007 +
Withdrawal.....	376	251	360	612	427	682	764	1,271	0.277	0.200
Other/unknown reason.....	3,525	5,181	7,023	10,658	11,473	15,360	20,385	24,899	0.037 +	0.001 +

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 27 - Estimated number of emergency department methamphetamine/speed mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1993 - second half 1998

METHAMPHETAMINE/SPEED

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	p-value H1,H2, 98,98 ^{1,2}	p-value H2,H2, 97,98 ^{1,3}
TOTAL U.S.**	4,224	5,702	7,824	9,841	9,678	6,257	4,197	6,805	8,218	8,936	6,534	4,957	0.091	0.000 -
AGE														
6-34.....	3,288	4,444	6,072	7,263	7,116	4,592	3,278	4,550	5,797	6,654	4,593	3,659	0.268	0.000 -
12-17.....	293	371	896	1,072	1,085	353	318	710	...	949	795	...	...	...
18-25.....	1,688	1,736	2,344	3,151	2,785	2,003	1,704	2,024	2,149	2,569	1,847	1,635	0.478	0.076
26-34.....	1,306	2,336	2,830	3,040	3,246	2,236	1,256	1,748	2,787	3,137	1,951	1,738	0.747	0.024 -
35+.....	934	1,248	1,747	2,571	2,559	1,662	916	2,248	2,421	2,275	1,938	1,295	0.017 -	0.013 -
GENDER														
Male.....	2,902	3,845	5,045	6,349	6,147	4,177	2,501	4,628	5,266	6,127	4,016	2,793	0.021 -	0.001 -
Female.....	1,303	1,770	2,751	3,459	3,496	1,989	1,618	2,101	2,870	2,785	2,387	2,150	0.694	0.105
RACE/ETHNICITY														
White.....	3,096	3,975	5,646	6,728	6,141	4,119	2,521	4,258	5,638	6,164	4,983	3,471	0.030 -	0.002 -
Black.....	150	197	350	632	477	450	209	591	563	303	162	...	...	...
Hispanic.....	519	824	1,114	1,491	...	990	559	1,115	...	1,379	602	...	...	...
Other race.....	35	42	47	67	...	173	...	136	...	153	46	36	0.048 -	0.073
Race unknown.....	425	663	667	...	949	525	723	705	743	937	741	244	0.019 -	0.000 -
FACILITY LOCATION														
Central city.....	1,276	1,233	1,314	1,757	1,727	1,183	1,212	1,371	1,394	1,464	1,182	875	0.000 -	0.000 -
Outside central city.....	837	952	1,168	1,180	1,263	857	808	1,111	1,346	1,495	961	662	0.002 -	0.000 -
National Panel.....	2,112	3,516	5,342	6,904	6,689	4,217	2,177	4,322	5,478	5,976	4,390	3,420	0.296	0.007 -
DRUG USE MOTIVE														
Recreational use.....	1,203	1,489	1,659	2,584	2,135	1,336	1,447	1,656	1,899	2,174	1,559	1,263	0.456	0.023 -
Dependence.....	1,632	1,866	3,099	4,023	4,576	2,671	1,719	3,129	4,227	4,785	3,507	2,819	0.259	0.006 -
Suicide.....	478	387	...	435	535	563	279	520	693	705	524	281	0.122	0.001 -
Other/unknown motive.....	912	...	...	...	2,433	1,688	751	...	1,399	1,272	944	595	0.136	0.044 -
REASONS FOR ED CONTACT														
Unexpected reaction.....	1,549	2,140	2,897	3,462	3,019	2,149	1,708	2,495	3,580	3,091	1,964	2,146	0.667	0.065
Overdose.....	1,162	1,683	1,884	2,571	2,570	1,485	738	1,437	1,958	1,667	1,316	737	0.044 -	0.002 -
Chronic effects.....	586	725	881	1,671	1,639	1,239	772	1,136	1,063	1,291	1,036	550	0.004 -	0.001 -
Seeking detox.....	498	340	876	499	810	288	319	575	489	671	884	402	0.070	0.105
Withdrawal.....	41	...	...	247	...	...	...	189	67	...	...	...	...	...
Other/unknown reason.....	389	...	901	1,391	972	844	572	973	1,062	1,905	968	947	0.959	0.078

... Estimate does not meet standard of precision or is less than 10.

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares the first half of 1998 to the second half of 1998.

³ This column compares the second half of 1997 to the second half of 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 28 - Estimated number of emergency department methamphetamine/speed mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1991-1998

METHAMPHETAMINE/SPEED

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.**	4,887	6,563	9,926	17,665	15,936	11,002	17,154	11,491	0.009	- 0.634
AGE										
6-34.....	3,716	5,177	7,731	13,335	11,709	7,828	12,451	8,252	0.031	- 0.577
12-17.....	442	669	663	1,968	1,438	1,028	1,810	1,081	0.211	- 0.825
18-25.....	1,302	1,719	3,425	5,494	4,788	3,728	4,718	3,482	0.151	- 0.624
26-34.....	1,972	2,790	3,642	5,870	5,482	3,004	5,924	3,689	0.014	- 0.270
35+.....	1,168	1,378	2,182	4,318	4,221	3,165	4,696	3,233	0.005	- 0.881
GENDER										
Male.....	3,057	4,459	6,747	11,394	10,324	7,129	11,393	6,809	0.008	- 0.600
Female.....	1,810	2,022	3,073	6,210	5,485	3,719	5,654	4,536	0.079	- 0.193
RACE/ETHNICITY										
White.....	3,485	4,607	7,070	12,374	10,260	6,779	11,802	8,454	0.034	- 0.039 +
Black.....	370	263	347	982	927	800	866	490	0.009	- 0.001 -
Hispanic.....	622	925	1,343	2,606	2,865	1,674	2,553	...	...	...
Other race.....	41	54	77	114	409	321	253	82	0.044	- 0.100
Race unknown.....	369	714	1,088	1,590	1,474	1,428	1,680	985	0.019	- 0.103
FACILITY LOCATION										
Central city.....	1,720	1,846	2,509	3,072	2,910	2,584	2,858	2,057	0.000	- 0.002 -
Outside central city.....	865	1,402	1,789	2,348	2,120	1,919	2,842	1,623	0.000	- 0.049 -
National Panel.....	2,302	3,315	5,628	12,245	10,906	6,499	11,454	7,810	0.089	- 0.191
DRUG USE MOTIVE										
Recreational use.....	1,428	2,103	2,691	4,243	3,471	3,104	4,073	2,822	0.043	- 0.650
Dependence.....	2,131	2,216	3,498	7,123	7,247	4,848	9,012	6,326	0.174	- 0.046 +
Suicide.....	400	...	865	922	1,098	799	1,398	805	0.030	- 0.982
Other/unknown motive.....	929	1,661	2,872	...	4,120	2,251	2,671	1,538	0.128	- 0.245
REASONS FOR ED CONTACT										
Unexpected reaction.....	1,481	2,345	3,689	6,359	5,168	4,202	6,671	4,110	0.039	- 0.883
Overdose.....	1,017	1,916	2,844	4,454	4,055	2,175	3,625	2,052	0.001	- 0.777
Chronic effects	1,087	949	1,310	2,551	2,879	1,908	2,354	1,585	0.000	- 0.465
Seeking detox.....	371	537	839	1,375	1,098	894	1,161	1,287	0.697	- 0.046 +
Withdrawal.....	...	...	130	...	...	277	378	...	...	...
Other/unknown reason.....	702	501	1,114	2,292	1,816	1,546	2,966	1,915	0.145	- 0.309

... Estimate does not meet standard of precision or is less than 10.

*** Total includes patients whose gender or age was unknown.

¹ In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

² This column compares 1997 to 1998.

³ This column compares 1996 to 1998.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 29 - Estimated rate of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits per 100,000 population for total coterminous U.S. by half year: First half 1993 - second half 1998

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
DRUG EPISODES.....	100.8	100.4	110.0	115.1	116.7	104.1	107.3	111.3	111.8	109.8	113.3	112.1
DRUG MENTIONS.....	172.9	175.0	191.0	200.0	203.4	184.0	188.9	196.8	199.5	197.3	205.0	203.2
Alcohol-in-combination.....	31.2	31.5	33.8	36.0	37.3	34.4	34.3	36.3	35.9	36.4	37.9	38.9
Cocaine.....	26.7	27.2	29.8	32.2	31.5	26.8	30.5	34.3	33.2	34.5	35.7	35.7
Heroin/morphine.....	13.5	14.1	13.1	14.7	15.3	15.1	15.0	16.4	14.9	15.4	16.1	16.2
Acetaminophen.....	8.3	6.6	9.3	7.5	8.1	7.6	8.6	7.6	7.8	7.1	7.2	6.2
Aspirin.....	4.4	3.8	4.3	4.1	3.7	3.5	3.7	3.1	3.2	3.0	3.1	3.3
Ibuprofen.....	4.0	3.7	4.3	4.0	4.6	4.6	3.7	3.6	3.6	3.6	3.7	3.5
Alprazolam.....	3.5	3.8	3.5	4.0	3.9	3.4	3.8	3.3	3.7	3.7	3.8	3.6
Marijuana/hashish.....	5.9	6.7	8.3	9.1	10.5	9.0	10.6	12.2	13.7	13.6	15.8	16.1
Diazepam.....	2.9	2.5	2.6	3.3	3.2	2.9	2.8	3.0	2.9	2.7	2.4	2.9
Amitriptyline.....	2.1	2.3	2.6	2.3	2.1	1.7	2.3	1.5	1.8	1.7	1.5	1.3
Acetamin./codeine.....	1.7	1.7	1.4	1.6	1.5	1.5	1.2	1.2	1.5	1.3	1.0	1.1
OTC sleep aids.....	1.2	1.2	1.4	1.6	1.4	1.5	1.8	1.4	1.4	1.1	1.3	1.1
Lorazepam.....	2.1	2.4	2.5	2.8	2.6	2.2	2.3	2.0	2.3	2.2	2.3	2.0
d-Propoxyphene.....	1.8	1.7	1.7	1.5	1.6	1.4	1.5	1.4	1.4	1.8	1.6	1.2
Fluoxetine.....	1.5	1.8	1.9	2.1	2.0	2.0	2.2	1.9	2.3	2.1	2.2	1.8
Diphenhydramine.....	1.7	1.6	1.9	2.2	2.1	1.6	1.9	2.1	2.0	1.7	1.4	1.1
Methamphetamine/speed.....	1.8	2.5	3.4	4.3	4.2	2.7	1.8	2.9	3.5	3.7	2.7	2.1
Oxycodone.....	0.7	0.7	0.9	0.9	0.8	0.7	0.6	0.7	0.9	1.1	1.0	1.2
PCP/PCP combinations.....	1.5	1.4	1.3	1.3	1.4	1.3	0.8	0.8	0.9	0.8	0.9	0.8
Lithium carbonate.....	1.2	1.1	1.1	1.5	1.7	1.2	1.1	0.9	1.2	0.9	0.8	0.7
Clonazepam.....	2.1	2.3	2.6	2.7	2.8	2.8	2.9	2.8	3.1	3.0	3.7	3.6
Hydantoin.....	0.7	0.9	0.8	0.6	0.9	0.7	0.7	0.6	0.6	0.4	0.6	0.6
Hydrocodone.....	1.1	1.6	1.8	1.9	2.0	1.9	2.4	2.0	2.2	2.3	2.4	2.8
LSD.....	0.7	0.8	0.9	1.4	1.1	1.3	1.1	0.9	1.5	0.6	0.7	1.3
Triazolam.....	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1
Phenobarbital.....	0.8	0.6	0.6	0.5	0.6	0.7	0.5	0.5	0.4	0.3	0.5	0.5
Doxepin.....	0.8	0.7	0.8	1.0	0.7	0.5	0.5	0.6	0.6	0.3	0.4	0.3
Cyclobenzaprine.....	0.7	0.5	0.6	0.7	0.6	0.7	0.7	0.8	0.7	0.9	0.6	0.6
Haloperidol.....	0.8	0.6	0.6	0.8	0.7	0.5	0.5	0.9	0.5	0.5	0.4	0.5
Amphetamine.....	1.0	1.4	1.9	2.3	2.4	1.6	1.5	2.5	1.9	2.4	2.2	2.7
Trazodone.....	1.3	1.2	1.4	1.7	2.1	2.0	2.0	1.9	1.8	1.9	2.1	1.9
Carisoprodol.....	1.1	1.7	1.5	1.3	1.9	1.4	1.6	1.5	1.2	1.3	1.8	1.7
Naproxen.....	0.8	0.5	0.9	0.9	1.0	1.2	1.0	0.9	1.1	1.1	1.2	1.1
Imipramine.....	0.8	0.7	0.6	0.6	0.7	0.4	0.3	0.5	0.3	0.2	0.2	0.1
Carbamazepine.....	1.0	1.1	0.9	0.8	0.8	0.7	0.8	0.8	0.7	0.8	0.6	0.8
Thioridazine.....	0.7	0.6	0.6	0.8	0.7	0.4	0.5	0.4	0.3	0.4	0.3	0.2
TOTAL ED VISITS**.....	19,048.5	19,225.9	19,357.6	19,565.7	18,974.6	19,085.0	19,323.4	19,432.4	18,691.4	19,020.3	18,459.7	18,792.2

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 30 - Estimated rate of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits per 100,000 population for total coterminous U.S. by year: 1991-1998

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
DRUG EPISODES.....	175.8	191.4	201.3	225.2	220.8	218.6	221.5	225.4
DRUG MENTIONS.....	301.2	331.9	347.9	391.0	387.4	385.7	396.8	408.3
Alcohol-in-combination.....	54.4	62.6	62.7	69.8	71.7	70.6	72.3	76.8
Cocaine.....	45.2	52.9	53.9	62.0	58.4	64.8	67.7	71.5
Heroin/morphine.....	16.0	21.2	27.6	27.8	30.4	31.4	30.3	32.3
Acetaminophen.....	13.6	13.8	14.9	16.8	15.7	16.3	14.9	13.4
Aspirin.....	9.7	8.3	8.3	8.4	7.2	6.7	6.1	6.4
Ibuprofen.....	6.9	7.2	7.7	8.3	9.1	7.2	7.2	7.1
Alprazolam.....	7.2	7.3	7.4	7.5	7.3	7.1	7.3	7.4
Marijuana/hashish.....	7.3	10.6	12.6	17.5	19.5	22.9	27.2	31.9
Diazepam.....	6.5	6.2	5.4	5.9	6.1	5.8	5.6	5.3
Amitriptyline.....	3.9	4.5	4.3	4.9	3.8	3.8	3.5	2.8
Acetamin./codeine.....	3.2	3.1	3.3	3.0	2.9	2.5	2.8	2.1
OTC sleep aids.....	2.8	3.1	2.3	3.0	2.9	3.2	2.6	2.4
Lorazepam.....	3.1	3.9	4.5	5.3	4.8	4.3	4.5	4.3
d-Propoxyphene.....	3.5	2.9	3.5	3.2	3.0	2.9	3.2	2.9
Fluoxetine.....	3.1	3.7	3.3	4.0	4.1	4.1	4.4	4.1
Diphenhydramine.....	3.0	3.5	3.2	4.1	3.7	4.0	3.7	2.5
Methamphetamine/speed.....	2.2	2.9	4.3	7.7	6.8	4.7	7.2	4.8
Oxycodone.....	1.8	1.7	1.5	1.8	1.5	1.4	2.0	2.2
PCP/PCP combinations.....	1.5	2.3	2.9	2.6	2.7	1.7	1.8	1.7
Lithium carbonate.....	2.0	2.1	2.3	2.6	2.9	2.0	2.0	1.4
Clonazepam.....	2.9	3.6	4.4	5.3	5.5	5.7	6.1	7.2
Hydantoin.....	1.4	1.7	1.5	1.4	1.5	1.2	1.0	1.2
Hydrocodone.....	2.2	2.7	2.7	3.7	3.9	4.5	4.5	5.2
LSD.....	1.7	1.5	1.5	2.2	2.4	1.9	2.2	2.1
Triazolam.....	1.5	0.7	0.6	0.4	0.3	0.3	0.1	0.2
Phenobarbital.....	1.3	1.4	1.3	1.1	1.2	1.0	0.8	1.1
Doxepin.....	1.7	1.6	1.5	1.9	1.2	1.0	0.9	0.6
Cyclobenzaprine.....	1.4	1.2	1.2	1.4	1.3	1.5	1.5	1.2
Haloperidol.....	1.4	1.3	1.4	1.3	1.2	1.4	1.0	0.9
Amphetamine.....	1.0	1.6	2.4	4.2	4.0	4.0	4.3	4.9
Trazodone.....	1.9	2.0	2.5	3.2	4.1	3.9	3.7	4.0
Carisoprodol.....	1.9	2.6	2.9	2.9	3.3	3.1	2.6	3.5
Naproxen.....	1.5	1.2	1.4	1.9	2.3	1.9	2.2	2.3
Imipramine.....	1.5	1.9	1.4	1.2	1.1	0.8	0.6	0.3
Carbamazepine.....	1.5	1.5	2.1	1.7	1.6	1.6	1.5	1.3
Thioridazine.....	1.2	1.3	1.3	1.4	1.1	1.0	0.7	0.5
TOTAL ED VISITS**.....	37,573.7	37,944.8	38,274.9	38,923.9	38,059.9	38,756.1	37,712.6	37,252.9

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 31 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by half year: First half 1993 - second half 1998

DRUG EPISODES

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.....	101	100	110	115	117	104	107	111	112	110	113	112
Atlanta.....	142	153	187	224	214	201	170	179	148	146	202	188
Baltimore.....	295	315	340	374	372	341	344	362	290	267	279	314
Boston.....	179	180	186	244	244	206	197	177	175	160	183	187
Buffalo.....	115	165	166	157	148	148	198	189	168	132	135	148
Chicago.....	147	174	177	204	206	178	191	217	221	241	219	226
Dallas.....	107	97	105	115	112	109	105	103	121	136	149	146
Denver.....	113	140	166	167	162	140	116	106	135	143	129	130
Detroit.....	227	245	227	193	257	194	255	244	223	195	199	210
Los Angeles - Long Beach...	128	127	118	119	123	112	122	122	106	100	96	106
Miami - Hialeah.....	149	161	160	163	179	172	167	173	173	162	168	171
Minneapolis - St. Paul.....	96	106	103	100	97	91	103	106	110	103	95	89
New Orleans.....	183	175	203	209	226	279	248	250	220	219	231	193
New York.....	276	290	271	267	260	244	257	237	230	219	216	215
Newark.....	289	251	267	280	314	312	301	263	235	266	258	240
Philadelphia.....	230	210	185	206	227	221	230	237	245	251	268	258
Phoenix.....	162	142	163	189	212	188	192	180	186	177	184	162
St. Louis.....	91	87	129	137	134	112	130	136	121	120	121	120
San Diego.....	122	111	113	107	102	100	125	124	131	155	151	142
San Francisco.....	433	341	321	450	330	329	307	305	295	303	289	280
Seattle.....	197	199	269	276	242	215	233	217	269	288	241	192
Washington, DC.....	169	169	180	206	172	147	159	154	150	146	156	146
National Panel.....	68	67	79	81	83	72	74	80	83	81	85	84

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 32 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by year: 1991-1998

DRUG EPISODES

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.....	176	191	201	225	221	219	222	225
Atlanta.....	267	338	295	411	416	349	294	390
Baltimore.....	500	593	610	715	712	705	556	592
Boston.....	276	365	359	430	449	375	335	370
Buffalo.....	188	220	279	323	296	387	300	283
Chicago.....	253	317	320	381	384	409	462	445
Dallas.....	191	176	203	220	221	208	257	295
Denver.....	234	247	252	333	302	222	278	259
Detroit.....	361	393	472	420	452	499	417	409
Los Angeles - Long Beach...	219	246	255	237	235	245	205	202
Miami - Hialeah.....	266	264	310	323	351	340	336	339
Minneapolis - St. Paul.....	167	175	201	203	189	208	212	184
New Orleans.....	515	473	358	412	505	497	438	424
New York.....	474	568	566	538	504	494	448	432
Newark.....	500	519	540	547	626	564	500	497
Philadelphia.....	382	461	439	391	448	467	496	526
Phoenix.....	310	317	304	351	400	372	363	346
St. Louis.....	208	197	178	265	246	266	241	240
San Diego.....	227	269	232	220	201	249	286	293
San Francisco.....	788	705	775	771	659	612	598	569
Seattle.....	264	342	396	545	457	450	556	433
Washington, DC.....	296	296	338	386	319	313	295	303
National Panel.....	119	125	135	160	155	154	164	170

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 33 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by half year: First half 1993 - second half 1998

DRUG MENTIONS

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.....	173	175	191	200	203	184	189	197	200	197	205	203
Atlanta.....	273	291	359	452	433	406	340	370	300	296	388	348
Baltimore.....	506	545	579	633	633	577	574	621	502	461	470	545
Boston.....	327	328	340	457	455	387	365	325	323	291	332	342
Buffalo.....	203	282	277	282	263	269	372	350	316	248	248	273
Chicago.....	255	304	308	353	362	313	343	394	417	451	405	417
Dallas.....	193	177	191	209	205	203	199	185	224	250	280	270
Denver.....	193	231	283	275	294	246	199	184	236	247	225	230
Detroit.....	422	458	410	343	473	356	481	454	409	361	376	387
Los Angeles - Long Beach...	221	218	203	206	212	196	208	217	185	170	163	190
Miami - Hialeah.....	234	250	257	261	282	269	263	273	283	265	279	288
Minneapolis - St. Paul.....	186	201	204	194	188	176	198	197	209	191	181	163
New Orleans.....	369	350	399	423	435	523	469	471	403	415	430	374
New York.....	402	418	400	401	389	383	413	389	370	359	346	351
Newark.....	497	437	471	492	550	561	568	458	397	449	439	405
Philadelphia.....	414	362	329	371	410	398	414	424	450	465	489	474
Phoenix.....	269	245	273	318	357	311	328	299	316	312	314	288
St. Louis.....	156	145	239	246	248	203	234	241	212	227	224	226
San Diego.....	208	187	196	183	181	172	217	219	233	270	266	245
San Francisco.....	640	515	493	658	508	500	457	455	421	436	402	384
Seattle.....	333	328	459	472	405	353	378	351	459	498	406	318
Washington, DC.....	295	300	321	366	294	243	266	263	251	249	257	241
National Panel.....	118	120	139	142	146	130	130	143	151	148	159	157

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 34 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by year: 1991-1998

DRUG MENTIONS

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.....	301	332	348	391	387	386	397	408
Atlanta.....	516	683	564	811	839	710	596	736
Baltimore.....	834	1,044	1,050	1,212	1,210	1,194	963	1,016
Boston.....	499	650	655	797	842	690	614	674
Buffalo.....	304	364	485	559	532	721	564	520
Chicago.....	426	550	559	661	675	737	868	822
Dallas.....	339	312	370	399	408	384	474	550
Denver.....	407	427	424	558	539	383	483	455
Detroit.....	614	707	880	753	828	935	770	763
Los Angeles - Long Beach...	381	421	440	409	407	425	355	353
Miami - Hialeah.....	437	439	483	518	551	536	548	567
Minneapolis - St. Paul.....	314	346	387	397	363	395	400	344
New Orleans.....	882	873	719	822	958	939	818	804
New York.....	671	832	820	801	771	802	728	697
Newark.....	902	880	933	963	1,112	1,026	846	844
Philadelphia.....	608	803	776	700	807	838	916	963
Phoenix.....	519	523	514	591	668	627	627	602
St. Louis.....	365	340	301	484	451	475	439	450
San Diego.....	396	454	395	379	353	436	503	511
San Francisco.....	1,159	1,028	1,155	1,152	1,008	912	856	786
Seattle.....	445	571	661	931	757	729	957	724
Washington, DC.....	511	508	594	687	537	529	501	498
National Panel.....	212	224	239	282	276	273	299	316

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 35 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by half year: First half 1993 - second half 1998

COCAINE

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.....	27	27	30	32	32	27	31	34	33	35	36	36
Atlanta.....	79	88	102	133	128	117	100	102	82	74	114	104
Baltimore.....	170	177	194	206	210	174	178	198	141	132	137	159
Boston.....	58	53	55	78	83	65	60	54	46	46	56	67
Buffalo.....	45	62	62	71	67	79	118	120	95	68	65	65
Chicago.....	67	87	86	105	106	82	100	120	122	125	117	114
Dallas.....	29	29	30	31	32	30	29	29	34	40	52	54
Denver.....	24	40	47	40	43	32	26	26	32	37	32	41
Detroit.....	104	118	113	83	132	81	126	124	107	85	98	104
Los Angeles - Long Beach...	33	33	31	31	33	28	33	36	28	29	31	37
Miami - Hialeah.....	71	77	73	79	85	83	81	87	88	86	94	94
Minneapolis - St. Paul.....	9	11	11	14	10	10	13	16	15	16	17	16
New Orleans.....	72	76	84	80	74	99	92	110	99	100	109	91
New York.....	132	132	126	126	123	121	136	128	124	120	120	114
Newark.....	116	108	117	130	134	135	135	117	92	109	106	102
Philadelphia.....	115	106	90	96	107	101	107	118	116	124	140	135
Phoenix.....	25	18	26	29	34	25	33	37	34	33	37	36
St. Louis.....	27	27	51	52	48	32	38	42	30	33	43	44
San Diego.....	20	19	17	12	14	14	17	21	17	19	19	21
San Francisco.....	109	91	85	120	84	82	74	74	63	63	57	58
Seattle.....	46	50	75	82	65	51	60	54	67	83	66	59
Washington, DC.....	59	59	59	73	55	41	52	51	42	43	50	48
National Panel.....	9	9	12	13	12	10	11	16	17	19	19	19

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 36 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by year: 1991-1998

COCAINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.....	45	53	54	62	58	65	68	72
Atlanta.....	127	198	167	234	245	202	156	218
Baltimore.....	310	370	346	400	384	376	273	296
Boston.....	87	122	111	133	147	114	91	123
Buffalo.....	53	72	108	133	146	238	163	129
Chicago.....	102	148	154	192	188	220	247	232
Dallas.....	57	53	58	61	62	58	74	106
Denver.....	48	56	65	86	75	53	69	73
Detroit.....	149	173	222	195	212	250	192	202
Los Angeles - Long Beach...	62	67	66	62	61	69	56	68
Miami - Hialeah.....	104	109	148	151	168	168	174	187
Minneapolis - St. Paul.....	18	20	20	25	20	29	31	33
New Orleans.....	312	252	147	164	174	203	199	199
New York.....	206	259	265	252	244	264	244	233
Newark.....	241	238	224	246	268	253	201	208
Philadelphia.....	199	246	221	186	208	224	239	275
Phoenix.....	42	47	43	55	59	69	66	73
St. Louis.....	64	65	54	102	80	80	64	87
San Diego.....	38	51	38	29	28	39	36	41
San Francisco.....	206	184	200	205	166	149	126	116
Seattle.....	63	80	96	157	116	114	150	125
Washington, DC.....	128	117	117	132	96	104	85	97
National Panel.....	14	16	18	26	21	27	37	38

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 37 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by half year: First half 1993 - second half 1998

HEROIN/MORPHINE

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.	14	14	13	15	15	15	15	16	15	15	16	16
Atlanta.....	4	6	8	10	8	8	8	7	7	8	8	9
Baltimore.....	114	145	153	185	189	178	175	183	133	124	131	159
Boston.....	34	32	27	45	45	38	37	39	35	34	37	38
Buffalo.....	10	21	16	24	17	25	24	24	22	28	24	33
Chicago.....	26	37	41	44	40	44	46	63	68	80	77	82
Dallas.....	6	7	5	5	6	5	7	8	11	11	11	10
Denver.....	7	12	15	18	15	16	13	9	12	18	16	16
Detroit.....	28	31	28	24	33	26	39	38	38	35	34	34
Los Angeles - Long Beach...	23	23	18	18	17	20	21	19	16	14	15	17
Miami - Hialeah.....	6	8	7	7	10	9	9	12	15	17	19	21
Minneapolis - St. Paul.....	3	3	2	2	2	3	2	3	4	4	4	4
New Orleans.....	5	7	7	10	9	14	12	15	19	18	22	22
New York.....	65	78	70	70	66	67	70	67	59	55	55	55
Newark.....	142	123	125	137	156	172	170	137	105	141	144	139
Philadelphia.....	30	25	23	31	41	44	42	43	37	44	35	40
Phoenix.....	13	12	13	12	12	13	15	17	21	21	23	21
St. Louis.....	6	4	10	8	9	8	11	11	11	9	13	14
San Diego.....	18	19	16	14	13	17	24	18	18	22	21	22
San Francisco.....	133	110	100	133	98	106	102	101	91	84	84	65
Seattle.....	48	46	54	59	51	58	66	63	74	80	67	60
Washington, DC.....	22	17	14	21	18	17	19	22	22	23	28	28
National Panel.....	5	5	4	5	6	5	5	6	6	6	7	6

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 38 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by year: 1991-1998

HEROIN/MORPHINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.....	16	21	28	28	30	31	30	32
Atlanta.....	6	9	10	17	16	15	15	18
Baltimore.....	180	234	259	338	367	358	256	290
Boston.....	34	59	66	71	83	76	69	75
Buffalo.....	18	19	31	39	42	48	50	57
Chicago.....	41	53	64	85	83	109	148	159
Dallas.....	10	12	13	10	12	15	21	21
Denver.....	7	8	18	33	31	22	31	32
Detroit.....	46	46	59	52	58	77	72	68
Los Angeles - Long Beach...	21	37	46	36	38	40	30	31
Miami - Hialeah.....	8	10	14	15	18	21	32	41
Minneapolis - St. Paul.....	3	4	6	3	5	6	7	8
New Orleans.....	20	13	12	17	24	26	36	44
New York.....	77	106	142	140	133	136	115	110
Newark.....	140	170	265	262	328	307	246	282
Philadelphia.....	55	53	55	54	85	85	82	76
Phoenix.....	18	17	25	25	25	32	41	44
St. Louis.....	8	9	10	18	17	22	20	27
San Diego.....	34	45	37	30	30	42	39	42
San Francisco.....	211	208	243	233	204	203	175	150
Seattle.....	44	61	94	113	109	130	154	127
Washington, DC.....	41	42	39	34	35	41	45	55
National Panel.....	4	7	10	9	11	11	11	13

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 39 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by half year: First half 1993 - second half 1998

MARIJUANA/HASHISH

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.....	6	7	8	9	11	9	11	12	14	14	16	16
Atlanta.....	16	17	24	34	31	31	26	32	28	30	51	44
Baltimore.....	14	14	17	18	18	25	22	30	30	31	31	34
Boston.....	16	18	23	30	36	31	30	29	25	23	40	38
Buffalo.....	6	10	12	13	11	21	29	26	29	21	22	26
Chicago.....	11	14	18	22	27	24	29	33	36	41	44	41
Dallas.....	8	7	10	10	11	13	12	11	18	20	31	31
Denver.....	6	8	14	13	21	12	10	9	14	19	19	18
Detroit.....	29	38	37	33	51	43	54	47	44	45	48	53
Los Angeles - Long Beach...	11	10	11	9	11	10	13	13	13	12	16	25
Miami - Hialeah.....	12	14	18	22	26	27	27	28	30	25	30	29
Minneapolis - St. Paul.....	8	10	11	10	10	10	12	11	13	13	10	11
New Orleans.....	24	30	40	37	37	51	48	58	54	60	60	40
New York.....	13	14	15	18	19	18	21	23	24	23	24	20
Newark.....	13	13	16	21	24	19	20	16	14	14	15	15
Philadelphia.....	24	19	21	25	34	33	37	38	46	51	60	52
Phoenix.....	6	5	8	15	14	10	17	14	18	19	19	17
St. Louis.....	4	3	...	20	23	15	18	22	22	25	29	27
San Diego.....	12	9	12	10	10	11	12	15	19	22	26	22
San Francisco.....	15	15	15	16	17	16	15	12	12	12	13	12
Seattle.....	11	11	21	26	29	25	26	22	41	47	30	19
Washington, DC.....	28	30	33	41	30	25	29	29	31	32	29	32
National Panel.....	3	3	4	5	5	4	5	7	9	8	10	11

... Estimate does not meet standard of precision or is less than 10.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 40 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by year: 1991-1998

MARIJUANA/HASHISH

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.....	7	11	13	18	20	23	27	32
Atlanta.....	24	37	32	58	63	58	58	96
Baltimore.....	16	31	28	35	42	53	61	65
Boston.....	18	29	34	53	67	59	48	79
Buffalo.....	6	7	15	25	32	55	50	48
Chicago.....	15	27	24	39	51	61	76	85
Dallas.....	11	15	16	20	24	23	38	62
Denver.....	12	16	14	27	33	19	32	37
Detroit.....	20	37	67	70	94	101	89	102
Los Angeles - Long Beach...	13	17	22	20	21	26	25	41
Miami - Hialeah.....	25	20	26	39	53	55	55	59
Minneapolis - St. Paul.....	6	12	17	21	20	23	26	21
New Orleans.....	43	43	53	77	88	106	113	100
New York.....	15	25	26	32	37	44	46	44
Newark.....	...	24	26	37	43	36	28	30
Philadelphia.....	16	37	43	46	67	74	97	112
Phoenix.....	7	9	12	23	24	31	37	36
St. Louis.....	9	10	7	40	37	40	47	56
San Diego.....	13	18	21	22	21	27	41	47
San Francisco.....	21	19	30	31	33	27	25	25
Seattle.....	16	19	22	47	53	48	87	49
Washington, DC.....	27	35	58	74	55	58	63	62
National Panel.....	4	5	6	9	9	13	17	20

... Estimate does not meet standard of precision or is less than 10.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 41 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by half year: First half 1993 - second half 1998

METHAMPHETAMINE/SPEED

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.	2	3	3	4	4	3	2	3	4	4	3	2
Atlanta.....	...	2	2	2	2	3	2	4	3	5	3	2
Baltimore.....	...	...	...	...	...	...	...	...	...	...	...	...
Boston.....	...	...	...	...	...	...	...	...	...	...	...	...
Buffalo.....	...	...	...	...	...	...	...	...	...	...	...	...
Chicago.....	0	...	...	0	1	...	0	0	0	0	0	0
Dallas.....	2	...	3	4	5	3	2	3	3	3	5	3
Denver.....	2	2	4	6	7	5	3	4	10	9	4	3
Detroit.....	0	0	0	...	...	...	...	...	...	...	...	...
Los Angeles - Long Beach...	8	8	8	9	10	6	7	8	7	8	5	4
Miami - Hialeah.....	...	...	...	...	...	...	...	...	...	...	...	...
Minneapolis - St. Paul.....	1	1	2	1	3	2	2	3	5	...	3	2
New Orleans.....	...	...	...	1	...	1	1	1	...	1	1	1
New York.....	0	...	0	...	0	...	...	0	0	...	0	0
Newark.....	...	...	...	...	...	...	...	...	...	...	...	...
Philadelphia.....	1	1	1	1	1	1	0	1	1	1	0	1
Phoenix.....	12	13	19	22	23	16	20	16	23	17	14	7
St. Louis.....	0	1	1	1	3	1	...	1	1	2	1	...
San Diego.....	19	22	21	19	18	12	12	16	18	24	18	13
San Francisco.....	36	30	31	51	40	31	26	34	31	33	24	15
Seattle.....	5	5	7	9	10	4	4	7	11	14	8	6
Washington, DC.....	...	...	...	1	...	0	...	...	...	...	0	...
National Panel.....	1	2	3	4	4	3	1	3	3	4	3	2

... Estimate does not meet standard of precision or is less than 10.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 42 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by year: 1991-1998

METHAMPHETAMINE/SPEED

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.....	2	3	4	8	7	5	7	5
Atlanta.....	2	1	2	4	6	5	8	6
Baltimore.....	...	...	...	...	...	...	...	...
Boston.....	0	0	0	...	...	...	0	...
Buffalo.....	...	...	...	...	...	...	...	...
Chicago.....	0	0	0	0	1	1	1	1
Dallas.....	4	3	3	7	9	5	7	8
Denver.....	3	2	4	10	12	7	19	8
Detroit.....	1	0	1	0	0	...	...	...
Los Angeles - Long Beach...	6	10	15	17	16	15	15	9
Miami - Hialeah.....	...	...	...	...	...	...	1	1
Minneapolis - St. Paul.....	1	2	2	3	4	5	9	5
New Orleans.....	4	2	1	1	2	2	2	2
New York.....	0	0	0	0	0	0	0	0
Newark.....	...	1	...	...	...	...	...	...
Philadelphia.....	2	3	2	2	2	1	2	1
Phoenix.....	9	15	25	42	39	36	40	22
St. Louis.....	1	1	1	2	3	2	3	3
San Diego.....	23	41	41	40	30	29	41	30
San Francisco.....	57	46	65	82	72	60	64	39
Seattle.....	5	6	10	16	14	10	25	14
Washington, DC.....	1	...	1	1	1	0	...	0
National Panel.....	1	2	3	7	7	4	7	5

... Estimate does not meet standard of precision or is less than 10.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 43 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by half year: First half 1993 - second half 1998

TOTAL ED VISITS**

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.....	19,049	19,226	19,358	19,566	18,975	19,085	19,323	19,432	18,691	19,020	18,460	18,792
Atlanta.....	20,911	20,941	20,599	22,258	20,523	21,915	21,028	20,769	18,710	19,595	18,638	18,914
Baltimore.....	18,512	18,936	18,427	18,756	18,530	18,835	18,999	19,153	18,966	19,134	20,035	20,128
Boston.....	24,504	25,016	23,166	24,226	22,348	22,423	23,143	24,265	21,517	21,412	20,905	21,224
Buffalo.....	18,282	18,622	17,473	18,284	16,356	16,421	15,715	16,002	14,096	14,498	13,460	15,166
Chicago.....	18,230	18,477	18,907	19,127	19,247	19,664	19,081	19,189	18,447	19,298	17,863	18,499
Dallas.....	16,731	17,390	17,493	17,757	17,608	18,014	17,478	17,455	18,636	18,080	18,994	18,483
Denver.....	16,270	16,087	14,822	14,881	14,951	15,476	14,967	13,962	13,875	14,241	13,479	13,518
Detroit.....	19,026	19,589	17,750	17,404	18,264	18,402	17,928	18,884	17,320	17,006	16,997	17,209
Los Angeles - Long Beach...	15,048	14,843	14,282	14,939	13,619	13,654	14,243	13,931	12,791	13,888	12,138	13,174
Miami - Hialeah.....	15,920	15,796	16,982	16,541	16,955	17,034	17,221	16,909	17,590	18,056	18,745	18,181
Minneapolis - St. Paul.....	13,624	14,229	12,029	12,642	14,671	15,058	14,939	14,827	14,347	14,783	13,963	13,955
New Orleans.....	23,820	22,940	24,445	24,719	24,773	24,708	25,349	25,960	24,074	24,405	24,108	22,719
New York.....	20,260	20,004	20,537	21,332	19,800	19,668	22,413	21,854	21,014	20,450	20,025	21,416
Newark.....	20,123	19,144	19,358	20,173	20,059	20,387	18,969	19,776	18,136	18,394	18,942	19,794
Philadelphia.....	19,323	19,545	17,785	17,930	18,133	18,060	17,791	17,994	17,280	17,697	17,481	18,201
Phoenix.....	17,491	15,614	16,492	16,448	17,664	17,765	19,294	17,314	17,270	16,889	18,253	16,852
St. Louis.....	19,471	20,028	20,269	20,020	19,187	18,614	19,184	18,668	17,433	18,342	17,774	16,653
San Diego.....	13,879	13,125	11,516	11,115	10,534	11,210	12,488	12,110	12,362	12,445	12,516	13,089
San Francisco.....	20,372	18,422	18,855	18,991	15,482	15,730	16,199	15,531	15,182	15,220	16,108	16,094
Seattle.....	19,836	18,138	19,197	18,855	14,984	15,578	16,465	15,329	14,919	15,656	14,527	14,062
Washington, DC.....	15,636	16,036	16,046	16,508	15,743	15,980	14,326	14,741	14,179	14,237	14,459	14,566
National Panel.....	19,333	19,609	19,936	20,077	19,514	19,591	19,800	19,984	19,287	19,637	19,025	19,340

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 44 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by year: 1991-1998

TOTAL ED VISITS**

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.....	37,574	37,945	38,275	38,924	38,060	38,756	37,713	37,253
Atlanta.....	41,319	40,371	41,852	42,862	42,441	41,796	38,307	37,552
Baltimore.....	37,172	36,178	37,448	37,184	37,365	38,153	38,101	40,163
Boston.....	48,702	50,120	49,521	47,395	44,772	47,412	42,929	42,130
Buffalo.....	37,982	38,800	36,905	35,759	32,776	31,718	28,595	28,630
Chicago.....	38,181	39,567	36,707	38,034	38,911	38,270	37,747	36,363
Dallas.....	31,570	32,761	34,123	35,251	35,623	34,933	36,715	37,476
Denver.....	29,052	31,604	32,356	29,703	30,429	28,926	28,117	26,998
Detroit.....	38,328	37,550	38,616	35,153	36,666	36,815	34,325	34,207
Los Angeles - Long Beach...	29,015	28,649	29,890	29,223	27,273	28,173	26,682	25,315
Miami - Hialeah.....	32,574	31,704	31,715	33,521	33,990	34,129	35,648	36,924
Minneapolis - St. Paul.....	29,580	27,799	27,854	24,673	29,731	29,766	29,131	27,917
New Orleans.....	45,225	46,057	46,757	49,165	49,481	51,311	48,480	46,823
New York.....	41,282	40,988	40,263	41,871	39,468	44,265	41,462	41,445
Newark.....	38,178	36,586	39,264	39,533	40,447	38,747	36,530	38,739
Philadelphia.....	38,991	40,960	38,868	35,715	36,193	35,786	34,979	35,685
Phoenix.....	31,496	32,707	33,100	32,940	35,430	36,602	34,158	35,101
St. Louis.....	38,980	35,247	39,501	40,288	37,800	37,850	35,778	34,424
San Diego.....	27,247	27,112	27,002	22,629	21,745	24,597	24,807	25,607
San Francisco.....	37,542	36,134	38,788	37,846	31,213	31,728	30,402	32,202
Seattle.....	35,475	35,950	37,969	38,051	30,563	31,790	30,577	28,588
Washington, DC.....	30,818	29,042	31,673	32,555	31,723	29,068	28,416	29,025
National Panel.....	38,079	38,627	38,943	40,014	39,105	39,784	38,926	38,366

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 45 - Estimated rate of emergency department drug episodes per 100,000 population by age, gender: First half 1993 - second half 1998

DRUG EPISODES

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.***	101	100	110	115	117	104	107	111	112	110	113	112
AGE												
6-34.....	135	131	147	154	153	134	139	142	144	140	143	136
12-17.....	130	109	147	133	148	127	150	136	147	125	142	116
18-25.....	180	175	194	208	196	179	174	184	192	189	184	189
26-34.....	183	188	198	218	217	186	194	202	198	202	206	200
35+.....	69	73	76	80	85	78	80	85	84	84	89	92
GENDER												
Male.....	102	107	114	123	121	107	109	118	119	116	122	120
Female.....	98	92	105	105	110	99	104	103	103	102	103	103

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 46 - Estimated rate of emergency department drug episodes per 100,000 population by age, gender: 1991-1998

DRUG EPISODES

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.**	176	191	201	225	221	219	222	225
AGE								
6-34.....	241	256	266	300	287	281	284	279
12-17.....	236	228	238	280	275	286	272	258
18-25.....	327	345	356	402	375	358	381	372
26-34.....	317	353	371	416	403	396	400	406
35+.....	113	131	142	156	162	165	168	181
GENDER								
Male.....	175	201	209	237	228	227	235	242
Female.....	173	179	190	210	210	207	205	206

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 47 - Estimated rate of emergency department drug mentions per 100,000 population by age, gender: First half 1993 - second half 1998

DRUG MENTIONS

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.***	173	175	191	200	203	184	189	197	200	197	205	203
AGE												
6-34.....	229	225	252	261	261	232	239	247	251	248	253	243
12-17.....	195	172	230	203	230	192	225	207	233	203	227	190
18-25.....	302	303	332	353	334	311	296	327	337	339	331	333
26-34.....	327	332	356	385	385	341	356	370	359	369	379	371
35+.....	121	129	134	145	152	142	146	154	155	154	165	170
GENDER												
Male.....	176	185	201	215	214	190	194	212	213	210	223	220
Female.....	167	162	178	182	189	174	180	179	184	182	184	185

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 48 - Estimated rate of emergency department drug mentions per 100,000 population by age, gender: 1991-1998

DRUG MENTIONS

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.**	301	332	348	391	387	386	397	408
AGE								
6-34.....	405	439	454	513	493	486	500	495
12-17.....	361	356	367	433	422	432	436	416
18-25.....	541	598	606	685	645	623	676	664
26-34.....	559	622	659	740	727	726	728	749
35+.....	202	232	250	279	294	299	309	335
GENDER								
Male.....	302	350	361	416	405	407	423	443
Female.....	296	309	329	360	364	358	366	369

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 49 - Estimated rate of emergency department cocaine mentions, per 100,000 population by age, gender: First half 1993 - second half 1998

COCAINE

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.***	27	27	30	32	32	27	31	34	33	35	36	36
AGE												
6-34.....	35	35	39	43	40	32	37	40	39	41	41	40
12-17.....	3	5	5	4	5	4	6	6	9	7	10	9
18-25.....	40	40	42	49	42	34	37	43	45	47	43	45
26-34.....	71	70	80	87	85	69	80	87	80	85	88	86
35+.....	19	20	22	23	24	22	25	29	28	29	31	32
GENDER												
Male.....	37	38	41	45	43	37	41	48	45	47	48	49
Female.....	17	17	19	19	20	17	20	21	21	22	24	23

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 50 - Estimated rate of emergency department cocaine mentions per 100,000 population by age, gender: 1991-1998

COCAINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.**	45	53	54	62	58	65	68	72
AGE								
6-34.....	65	72	71	81	72	77	80	81
12-17.....	11	8	8	10	9	12	16	19
18-25.....	77	86	80	91	76	80	92	88
26-34.....	121	139	141	166	154	167	165	173
35+.....	27	35	39	44	46	54	57	63
GENDER								
Male.....	62	74	75	87	80	89	92	97
Female.....	29	33	34	38	37	41	44	47

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 51 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, gender: First half 1993 - second half 1998

HEROIN/MORPHINE												
	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.**	14	14	13	15	15	15	15	16	15	15	16	16
AGE												
6-34.....	13	14	13	15	15	15	14	15	15	15	16	16
12-17.....	1	1	...	1	1	1	1	2	2	4	2	2
18-25.....	14	15	14	16	15	16	16	18	18	18	20	22
26-34.....	28	28	27	32	33	31	30	32	30	30	33	30
35+.....	13	14	13	14	16	16	16	17	15	16	16	17
GENDER												
Male.....	20	21	18	21	22	22	21	23	21	21	23	23
Female.....	8	8	8	9	9	9	9	10	9	10	10	10

... Estimate does not meet standard of precision or is less than 10.

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 52 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, gender: 1991-1998

HEROIN/MORPHINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.**	16	21	28	28	30	31	30	32
AGE								
6-34.....	17	21	27	28	30	30	30	31
12-17.....	1	1	1	2	2	3	6	4
18-25.....	17	21	29	30	31	34	36	41
26-34.....	35	43	57	60	64	63	59	63
35+.....	15	22	28	27	31	33	31	33
GENDER								
Male.....	22	32	40	40	44	44	42	45
Female.....	10	11	15	16	17	19	19	20

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 53 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, gender: First half 1993 - second half 1998

MARIJUANA/HASHISH

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.***	6	7	8	9	11	9	11	12	14	14	16	16
AGE												
6-34.....	10	11	14	16	17	15	18	21	22	22	26	26
12-17.....	9	11	15	15	18	18	20	25	26	23	32	25
18-25.....	16	19	23	27	28	26	26	31	36	34	39	43
26-34.....	12	12	14	17	19	16	21	23	22	27	28	30
35+.....	2	3	3	3	4	4	5	5	7	6	8	8
GENDER												
Male.....	9	10	12	13	15	13	15	18	19	19	22	22
Female.....	3	4	5	5	6	5	7	7	8	9	10	10

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 54 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, gender: 1991-1998

MARIJUANA/HASHISH

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.**	7	11	13	18	20	23	27	32
AGE								
6-34.....	12	18	21	29	33	38	44	52
12-17.....	11	15	20	30	36	45	49	57
18-25.....	20	30	35	50	54	57	71	83
26-34.....	14	21	25	32	35	44	49	58
35+.....	3	4	5	7	8	10	13	16
GENDER								
Male.....	11	16	18	25	28	32	38	44
Female.....	4	6	7	10	11	14	17	20

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 55 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population by age, gender: First half 1993 - second half 1998

METHAMPHETAMINE/SPEED

	Jan - Jun 1993	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998
TOTAL U.S.**	2	3	3	4	4	3	2	3	4	4	3	2
AGE												
6-34.....	3	4	6	7	7	4	3	4	5	6	4	3
12-17.....	1	2	4	5	5	2	1	3	...	4	4	...
18-25.....	6	6	8	11	10	7	6	7	8	9	7	6
26-34.....	4	6	8	8	9	6	4	5	8	9	6	5
35+.....	1	1	1	2	2	1	1	2	2	2	2	1
GENDER												
Male.....	3	4	5	6	6	4	2	4	5	5	4	2
Female.....	1	2	2	3	3	2	1	2	2	2	2	2

... Estimate does not meet standard of precision or is less than 10.

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).

Table 56 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population by age, gender: 1991-1998

METHAMPHETAMINE/SPEED

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.**	2	3	4	8	7	5	7	5
AGE								
6-34.....	3	5	7	12	11	7	12	8
12-17.....	2	3	3	9	7	5	8	5
18-25.....	5	6	12	20	17	14	17	13
26-34.....	5	7	10	16	15	9	17	11
35+.....	1	1	2	4	3	3	4	2
GENDER								
Male.....	3	4	6	10	9	6	10	6
Female.....	2	2	3	5	5	3	5	4

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 1998 (07/1999 update).